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Strategic Planning for Health Districts : A Study of the Naugatuck Valley Health District

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Strategic Planning for Health Districts: A Study of the Naugatuck Valley Health District

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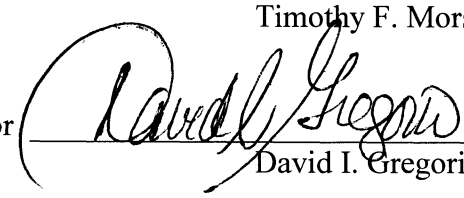
Associate Advisor 
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I. Introduction

The Naugatuck Valley Health District (or as it was known originally, the Lower Naugatuck Valley District Public Health Department) was created in 1972 by the Cities of Ansonia, Derby and Shelton, Connecticut and the Town of Seymour, Connecticut. This was only the third health district formed in Connecticut. Since the District's founding, the Town of Beacon Falls and the Borough of Naugatuck have joined the Naugatuck Valley Health District (NVHD or the District), in 1980 and 1985, respectively. NVHD encompasses an area of approximately 83 square miles along the Route 8 corridor in southwestern Connecticut spanning the counties of Fairfield and New Haven. The character of each of its member municipalities varies greatly ranging from rural to suburban and from economically recovering to economically prosperous.

According to the Institute of Medicine's report *The Future of Public Health* "the core functions of public health agencies at all levels of government are assessment, policy development and assurance". In 2005, the Naugatuck Valley Health District developed a 5-year strategic plan evaluating its ability to meet these functions and plan for the future. The collection and organization of demographic and health indicator data for the development of the strategic plan was the basis of this paper.

In 2002, I was appointed to the Board of Directors for the NVHD to fill Seymour's vacant seat. This provided an opportunity to become familiar with local public health and the functioning of NVHD. In the late Spring of 2005, the Executive Director, Karen Spargo, brought to the Board the need to develop a strategic plan for the next 5 years. I chose to undertake this project as the Board membership provided a solid working knowledge of the District and greater access to employees of the District. In

addition, it also provided a direct link to the people ultimately responsible for the management and direction of the District. The Director provided me with the scope of the project and the desired indicators to evaluate. The indicators were chosen as they were accessible and evaluated the State mandated services of a health district.

Section 19a-76-2 of the Connecticut Public Health Code (the Code) mandates 8 services that a local health department or district must provide or contract for with other agencies in the community or region: public health statistics, health education, nutritional services, maternal and child health, communicable and chronic disease control, environmental services, community nursing services and emergency medical services. The Code describes the tasks under public health statistics as the collection, tabulation, analysis and reporting of health statistics for the jurisdiction. Health education charges the local health agency to provide outreach and education to the community, which emphasizes prevention and individual responsibility for a person's health status. The nutritional services mandate requires there to be a program of education and promotion of healthy diets for prevention and control of disease. Maternal and child health is a broad category including, but not limited to prenatal care and child and adolescent health. Communicable and chronic disease control includes charges for prevention, such as immunization and epidemiological investigations, and referral for treatment or rehabilitation of people with communicable or chronic diseases. Conditions include, but are not limited to; tuberculosis, venereal disease, cancer, hypertension and cardiovascular disease. Environmental services include charges relating to water, food, air, housing, and vector control among others. Implementing the programs for the required services fall to

community nursing while emergency medical services states that an emergency medical services system must be in place.

This project is intended to assemble, present, and interpret key health indicators for the District. Demographic data and health indicators were chosen for evaluation based on public health principles and the state mandated services/functions of a health department/district. A good indicator is one that is useful not only to public health workers but also to the members of the community to assist in protecting their individual health. The choice of an indicator must first be based on known public health principles and research and it must be accurate and timely. In addition, the collection of the indicator must be cost effective for the condition it is monitoring and provide useful and relevant information. For example, knowing the overall alcohol consumption in an area is useful. However, having it divided into age and race categories will make the information more useful in determining what types of interventions, if any, are needed and projecting their effectiveness. This highlights another property of a good indicator; it can lead to development of an intervention. Indicators that meet these criteria tend to be outcome-based measures instead of activity based.[1]

In 1991, the US Department of Health and Human Services released a consensus set of 18 health indicators to evaluate the health status of a community in response to an objective in Healthy People 2000: National Health Promotion and Disease Prevention Objectives.[2] The indicators chosen were; race/ethnicity specific infant mortality; death rates for: motor vehicle crashes, work-related injury, suicide, lung cancer, female breast cancer, cardiovascular disease (heart disease and stroke), homicide, and all other causes; reported incidence of AIDS, measles, tuberculosis, primary and secondary syphilis;

incidence of low birth weight births, births to adolescents, timing of prenatal care, childhood poverty; and proportion of people living in counties exceeding the EPA standards for air quality. Except for death rates from work-related injury, childhood poverty and people living in counties with poor air quality, the remaining health indicators were collected for the strategic plan. Death rates from work-related injury were excluded because of the very low rates that have occurred in the District and State. In 1995, deaths from work-related injuries were 2.1 per 100,000 for Connecticut and in the period 1999-2002 the District had no such causes of death. Childhood poverty has been recognized by Connecticut as a very real and large problem, and so the State created the Child Poverty Council in 2004 to look at how best to address this issue on a statewide basis; this issue is not easily addressable on a district-wide basis. Poor air quality also is a problem that requires interventions on a much larger scale than NVHD has the capacity to provide.

In addition, other indicators were collected to evaluate the District's ability at meeting the state mandated functions. For the municipality or District numbers to have meaning it is necessary not only to evaluate the District's numbers but also the rates of given condition/diseases. This type of population-based comparison provides the ability to compare areas containing different populations and provides more useful information than numbers/cases alone. Concentrating only on the local area without a larger comparison area can impair the planning process. A number may appear high but when compared to the State it is actually very low. The District, State and national level are the product of many factors, some of which can be influenced on the local level while others need statewide or national initiatives to be significantly changed. To conduct this type of

analysis the District's and its member municipalities' population numbers are needed. Population and growth rates are also needed for planning. A rapidly changing population, either increasing or declining, will require the District to more rapidly assess its ability to meet the new increase/decrease in demands. A stable population will need the same relative level of services year over year.

Also of concern when discussing a population and its health is the socio-demographic profile of the population. Education and income level are known social and demographic factors that are associated with morbidity and mortality rates.[3] In addition education, income level and race , are known to influence health literacy (and thus health status), health services utilization and health care costs.[4] In addition to these socio-demographic traits, District and municipality unemployment rates were collected.

The following diseases were selected as they are measures of the State mandated services; environmental services and communicable and chronic disease control.

Table 1: Infectious Diseases

Type	Disease
Enteric	Campylobacter Cryptosporidium Cyclospora E. coli O157and non-O157 STEC Giardia Hepatitis A Listeria Salmonella Shigella Vibrio Yersinia
Sexually Transmitted Diseases	Chlamydia Gonorrhea Syphilis
Hepatitis	Type B Type C
Vaccine Preventables	Mumps Pertussis Rubella
Vectorborne Disease	Lyme disease West Nile virus Babesiosis

One of the most common and preventable public health problems in the United States is childhood lead poisoning.[5] Lead can cause damage to a child's developing nervous system and can lead to behavioral and learning problems, headaches and slow growth.[6] Childhood blood lead levels are also a valuable indictor to examine not only for the health and safety of the children but also the demands such cases place on a local health district under the mandated services of environmental services and child health. The parents of any child with a blood lead level of between 10 and 19 micrograms/deciliter receive an education packet and are strongly urged to have a nursing intervention to discover the source of the exposure. At levels over 20 micrograms/deciliter an environmental evaluation of the child's living environment is required. Both requirements place a financial and manpower burden on the District: a nursing intervention takes 1-3 hrs and a full scale environmental evaluation can take one half day to several days to conduct.[7] Age of housing stock is important to consider along with blood lead levels when evaluating the District's needs in this area. During the 1960's and leading up to 1977, when lead was banned from paint, the concentration of lead in paint was decreased. Therefore communities with a majority of its housing stock built prior to 1960 are at a much greater risk of childhood lead poisoning.

Asthma affects approximately 8% of the adult population and 9% of children in Connecticut.[5] The indicator asthma induced emergency room visits and hospitalizations was chosen to evaluate this condition. While these indicators may not be the best to evaluate the problem of asthma in our District, they are the only ones available through the Connecticut Department of Public Health.

In 2000 the U.S. department of Health and Human Services released Healthy People 2010: Understanding and Improving Health. The premise of Healthy People 2010 is that the health of a person is linked to the health of the community and thus the State and Nation. This report put forth 10 "Leading Health Indicators": physical activity, overweight and obesity, tobacco use, substance abuse, responsible sexual behavior, mental health, injury and violence, environmental quality, immunizations and access to health care. This differs greatly from the 1991 list of 18 health indicators. Those looked at the rates of specific conditions while these concentrate on broader indicators. To measure the new indicators 467 objectives have been chosen in 28 focus areas The 18 former health indicators can now be found in the list of 467 objectives. Healthy People 2010 and its objectives are outside the scope of this project.

II. Methodology

Demographic Data:

The demographic data, including the population of the District and its member municipalities, including breakdowns by age, gender, and race, projected growth rates, education level, yearly unemployment rate, and age and type of housing stock, was collected at several governmental and private organizations websites. The United States Census Bureau and the Connecticut Economic Resource Center (CERC) were chosen as references for most of the demographic data. The Census is the standard comprehensive source for demographic data, and CERC includes additional state-based data; these were both accessible and interpretation was clear based on their use in prior projects. The Connecticut Department of Labor source was found through an Internet search for "Connecticut unemployment numbers".

The United States Census Bureau provides population and housing stock information on their website, www.census.gov. The Connecticut Economic Resource Center (CERC) provides similar and sometimes more detailed data on these demographic factors on their website, www.cerc.org. CERC is a nonprofit company funded primarily by local utility companies with a mission of promoting Connecticut as a competitive business location. In addition to the current population they provide projected growth rates and population numbers by town for 2009. They also provide information on education level and household income and other detailed information on a municipality level. CERC data became the main source for data in the demographics catagory based on the layout and ease of access to pertinent data. The availability of CERC's staff to answer questions also made their data the lead reference for much of the data. Unemployment data was accessed from the Connecticut Department of Labor website: www.ctdol.state.ct.us. They supply the information in many forms; the one used for the strategic plan was annual unemployment by town.

Health Indicator Data:

The health indicator data used was all regularly collected by the Connecticut Department of Public Health (DPH). This source was chosen as the Department is the primary collector and organizer of the data. It is accessible via their website, www.dph.state.ct.us/index.html. The infectious disease information was obtained through the DPH's region epidemiologist assigned to NVHD. Asthma data required contacting the Asthma Program at DPH. The contact person in this office was provided to me by the Asthma Coordinator at NVHD. Childhood blood lead levels are available

on the DPH website: http://www.dph.state.ct.us/brs/lead/lead_program.htm, locating the most recent data requires a search of the site by "childhood blood lead levels" and then searching the returned page for the surveillance data. Causes of death while available on the website required contacting the Health Information Systems and Reporting Section directly as the information provided on the website was not municipality specific. While my initial contact failed to provide the needed data, follow-up contact by the Health Director opened a channel of communication that allowed for collection of the needed data. The Connecticut Tumor Registry provided the cancer information following an e-mail request detailing the project and desired information.

Table 2: Data Sources and URL Links

Indicator	Data Source	URL
Population	2000 US Census	www.census.gov
Project Population	CERC Town Profiles	www.cerc.org
Housing Stock	2000 US Census & CERC	www.census.gov , www.cerc.org
Education	CERC Town Profiles	www.cerc.org
Household Income	CERC Town Profiles	www.cerc.org
Unemployment	CT Department of Labor	www.ctdol.state.ct.us
Infectious Disease (excluding HIV/AIDS)	CT DPH Regional Epidemiologist assigned to NVHD	
HIV/AIDS	CT DPH Public Health Initiatives	http://www.dph.state.ct.us/BCH/infectiousdise/2003/final%20pages/topic_index_X.htm
Maternal Health	CT DPH Planning Branch	http://www.dph.state.ct.us/OPPE/ANNUALREGREPORTS.HTM
Childhood Blood Lead Levels	CT DPH Lead Program	http://www.dph.state.ct.us/brs/lead/lead_program.htm
Asthma	CT DPH Asthma Program	http://www.dph.state.ct.us/BCH/new_asthma/asthmaepi.htm
Deaths	CT DPH Planning Branch	http://www.dph.state.ct.us/PB/HISR/Deaths.htm
Cancer	CT DPH Tumor Registry	http://www.dph.state.ct.us/OPPE/hptumor.htm

III. Results (A Summary Guide can be found in Appendix A)

Demographic Data

The population of the District's towns has been growing steadily since 1980, a trend that is projected to continue through 2009. The average projected annual growth

rate for all of the District's member municipalities is 0.6% for the period 2004-2009. Table 3 shows the population data as reported in the strategic plan.

Table 3: Population of the Naugatuck Valley Health District

	Actual Population					Projected Population*	
	Area sq.miles	1980	1990	2000	2004 *	2009 Projection	Growth rate/yr 2004-2009
Ansonia	6.2	19039	18403	18554	18922	19388	0.50%
Beacon Falls	9.78	4004	5071	5246	5396	5584	0.70%
Derby	5.3	12346	12199	12391	12771	13235	0.70%
Naugatuck	16.39	26456	31575	30989	31610	32392	0.50%
Seymour	14.57	13217	14014	15454	15695	16007	0.40%
Shelton	30.56	31319	35418	38101	39548	41221	0.80%
NVHD Total	82.8	106381	116680	120735	123942	127827	0.60%

Data source: 1980-2000 US Census bureau
* data from CERC Data Finder and Applied Geographic Solutions

Comparing the District's and the State's population by age groups (under 5 years of age, 5 to 17 years, 18 to 24 years, 25 to 49 years, 50 to 64 years and over 65 years) reveals very similar percentages for all age groups (Table 4). The only group with a more than 1 percentage point difference was the 25 to 49 group where NVHD had 36.57% of its population to the State's 35.35%. Breaking down the over 65 years of age category further (65-74 years, 75-84 years and over 85 years) again showed very little difference between the District and the State. It is only in the 75-84 age group where NVHD is 0.4 of a percentage point higher than the State that any distinction could be made. (Table 5)

Table 4: Population by Age Group as a Percentage (2004 Estimate Population)

	Total population	under 5 years	5 to 17 years	18 to 24 years	25 to 49 years	50 to 64 years	65 + years
NVHD Total	123,942	6.22	18.34	7.54	36.57	17.42	13.91
Connecticut	3,507,246	6.25	18.26	8.87	35.35	17.51	13.75

Data Source: CERC Town Profiles 2004

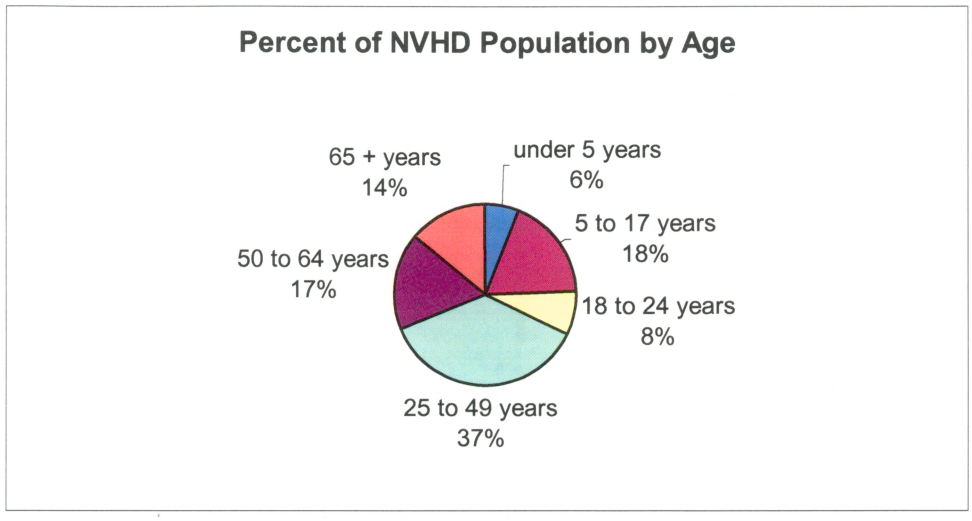
Table 5: Percentage and Population of the 65 Years of Age and Older Group

	Population			% of population		
	Age 65-74	Age 75-84	Age 85+	Age 65-74	Age 75-84	Age 85+
Ansonia	1302	1201	368	7.0	6.5	2.0
Beacon Falls	264	194	48	5.0	3.7	0.9
Derby	915	866	278	7.4	7.0	2.2
Naugatuck	1682	1468	483	5.4	4.7	1.6
Seymour	1071	914	236	6.9	5.9	1.5
Shelton	2799	2048	825	7.3	5.4	2.2
NVHD	8033	6691	2238	6.7	5.5	1.9
Connecticut	231565	174345	64273	6.8	5.1	1.9

Data source: 2000 US Census

An analysis of the population of the District by race (Table 6) shows the differences in the composition of the individual towns. NVHD is overwhelmingly white, (92%), which is 10 percentage points more than the overall State population. Closer examination on the municipality level reveals a wide variation in population. The Cities of Ansonia and Derby mirror the State very closely in race demographics while Beacon Falls differs the most in race demographics.

Figure 1: NVHD Population by Age Group (Percent)



Data Source: CERC Town Profiles 2004

Table 6: NVHD Population by Race (Percent)

	2000					2004*				
	Black or African American	White	Other^	Total	Hispanic (any Race)	Black or African American	White	Other^	Total	Hispanic (any Race)
Ansonia	8	86	6	100	7	9	85	6	100	9
Beacon Falls	1	97	2	100	2	1	97	2	100	3
Derby	4	90	6	100	8	4	90	6	100	9
Naugatuck	3	92	5	100	4	3	92	5	100	5
Seymour	1	95	4	100	3	1	94	4	100	4
Shelton	1	94	4	100	3	1	94	5	100	4
NVHD Total	3	92	5	100	5	3	92	5	100	5
Statewide	9	82	9	100	9	9	82	9	100	10

Data source: 2000 US Census bureau
* estimated/ projected data from CERC Data Finder and Applied Geographic Solutions
^ includes American Indian, Alaska Native, Asian, Native Hawaiian and other Pacific Islander, Some other race or two c

The differences between the District's municipalities are also apparent in unemployment rates. Overall, NVHD had a yearly unemployment number of 7% for the year 2003, (the last year this number was available), while the State average was 5.5%.

Shelton most resembled the State with an unemployment rate of 5.8% while Ansonia, Derby and Naugatuck had the highest rates in the District at 8.4 %, 7.5% and 7.2%, respectively.

The diversity of the district is again evident for education level attained by the individuals 25 years old and older (Table 7). The District as a whole has a larger percentage of people who have either graduated high school or have attended some college as compared to the State, and a lower percentage than the State in non- high school graduates and college graduates. However, when you examine the data on the municipality level, a different trend is seen. The municipalities of Beacon Falls and Shelton exceed the state percentage (55%) for people with some college and bachelors or more, with 57% and 58%, respectively. The municipalities of Ansonia, Derby and Naugatuck greatly exceed the State percentage for people with a high school degree or less. Seymour is the only town in which the percentages of people are evenly split between those with a high school degree or less and those with at least some college or more.

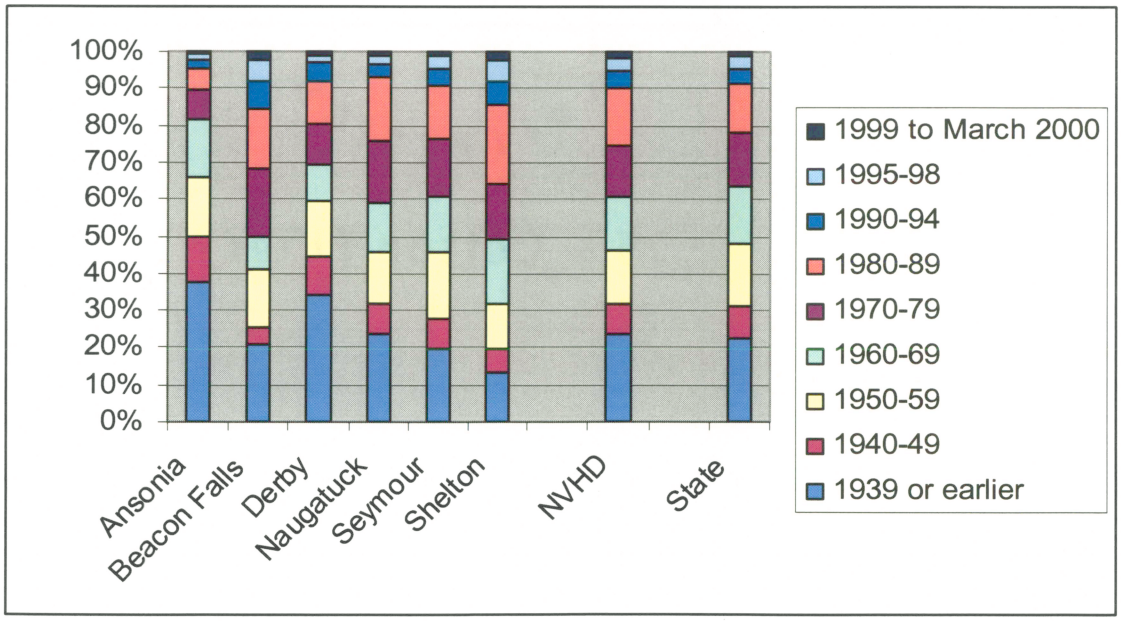
Table 7: Education Level Attained by NVHD Residents Age 25 and Over

	Non-High School Graduate		High School Graduate		Some College		Bachelors or More	
	Number	% of Pop	Number	% of Pop	Number	% of Pop	Number	% of Pop
Ansonia	2,266	18	5,289	42	3,138	25	1,876	15
Beacon Falls	465	13	1,074	30	1,078	30	977	27
Derby	1,833	21	3,056	35	2,266	26	1,564	18
Naugatuck	3,235	16	7,280	36	5,815	29	3,882	19
Seymour	1,746	16	3,712	34	3,380	31	2,101	19
Shelton	3,533	13	7,883	29	7,612	28	8,079	30
NVHD Total	13,078	16	28,294	34	23,289	28	18,479	22
Statewide	396,646	17	653,300	28	553,667	24	720,994	31

Data Source: CERC Town Profiles 2004

The overwhelming majority of housing units, (63 %), are single-family structures in NVHD as a whole. However, Ansonia and Derby have only 47% of their housing units as single-family units. Another concern about housing is the age of the structures. While as a whole NVHD has a very similar housing stock composition as the State, there is great variation between member municipalities. Beacon Falls and Shelton have half their stock built after 1970 while Ansonia has less than 20%. Housing built before1970 has been used as a health indicator, since fewer than 20% of the homes built in the interval between 1970 and 1978 used lead paint (it was banned after 1978).[8] Homes that are the greatest concern for public health officials are those built prior to 1950 since the lead content of paint at that time was much higher than from 1950 on. Ansonia leads the District with the percentages of homes built prior to 1950.

Figure 2: Year of Home Construction in NVHD Municipalities (Percent)



Data Source: 2000 US Census and CERC Town Profiles 2004

Table 8: Year of Home Construction

	1999 to March 2000	1995-98	1990-94	1980-89	1970-79	1960-69	1950-59	1940-49	1939 or earlier
Ansonia	56	149	172	471	641	1,219	1,300	965	2,964
Beacon Falls	43	129	152	346	384	192	317	102	439
Derby	56	111	295	642	596	542	859	552	1,915
Naugatuck	121	294	476	2,110	2,084	1,638	1,669	1,001	2,948
Seymour	79	204	316	918	965	966	1,147	508	1,253
Shelton	367	837	933	3,123	2,252	2,519	1,749	970	1,957
NVHD	722	1,724	2,344	7,610	6,922	7,076	7,042	4,097	11,476
State	15,993	47,028	56,058	183,405	203,377	212,176	231,356	127,686	308,896

Data Source: 2000 US Census and CERC Town Profiles 2004

Health Indicator Data

Infectious Diseases

The Strategic Plan examined enteric, sexually transmitted, HIV/AIDS, respiratory (tuberculosis), hepatic (hepatitis B and C), vaccine preventable, and vectorborne diseases. Diseases with significant findings in NVHD will be discussed here; a complete list of the examined diseases and the number of cases and the corresponding rates can be found in Appendix B.

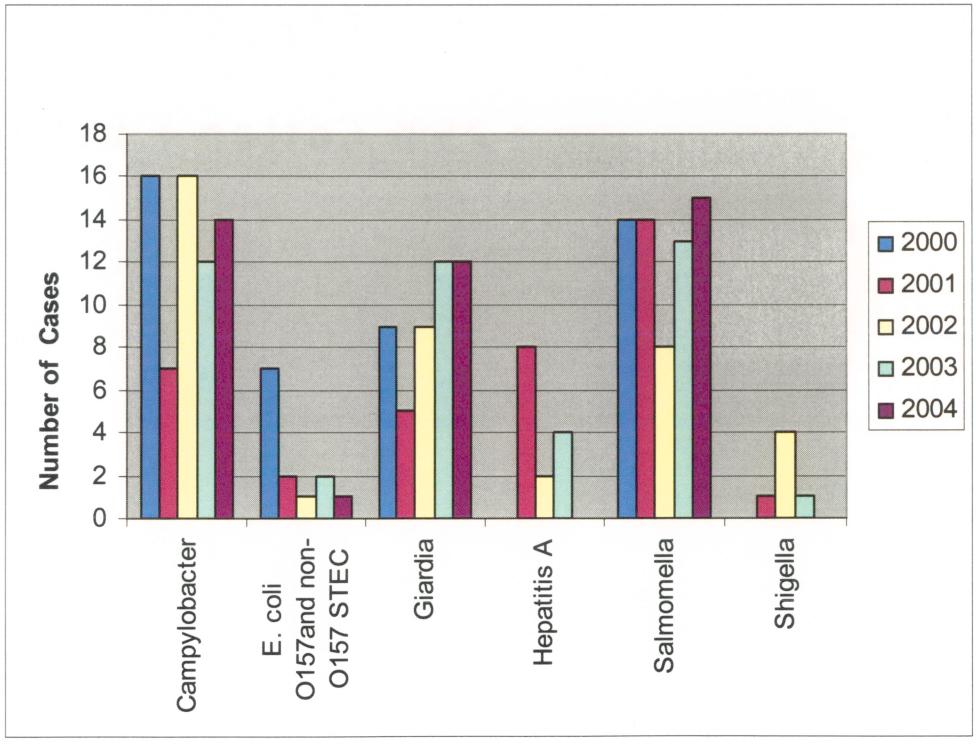
a. Enteric

Enteric infections are the second most common medical problem behind respiratory infections. [9] They are caused through fecal contamination of food or water. NVHD has very few, if any, cases of many of the diseases that the State collects data on. Figures 3 and 4 show the District wide number of cases and the 5-year average rate for the most common enteric infections in the District, respectively. NVHD has a much lower rate for these diseases than the State during the examined period except for E.coli O157 and non-O157, where NVHD averaged a rate of 0.2 cases per 100,000 population

greater than the State. This is primarily due to a large of number of cases occurring in 2000, which appear to be out of the norm when compared to the other 4 years.

Examining the inter-municipality differences reveal some interesting findings. For camylobacter, Ansonia and Seymour were significantly under the District rate of 10.8 with rates of 6.5 and 5.2, respectively. In the case of E.coli, Beacon Falls had no reported cases during the 5-year period. For Giardia, Shelton had a rate of 10 while the District rate was 7.8 and Derby a rate of 3.2. Ansonia and Beacon Falls led the District with Hepatitis A rates of 4.3 and 3.8 respectively, while the district rate was 2.3. These two

Figure 3: District Wide Cases of Enteric Illnesses

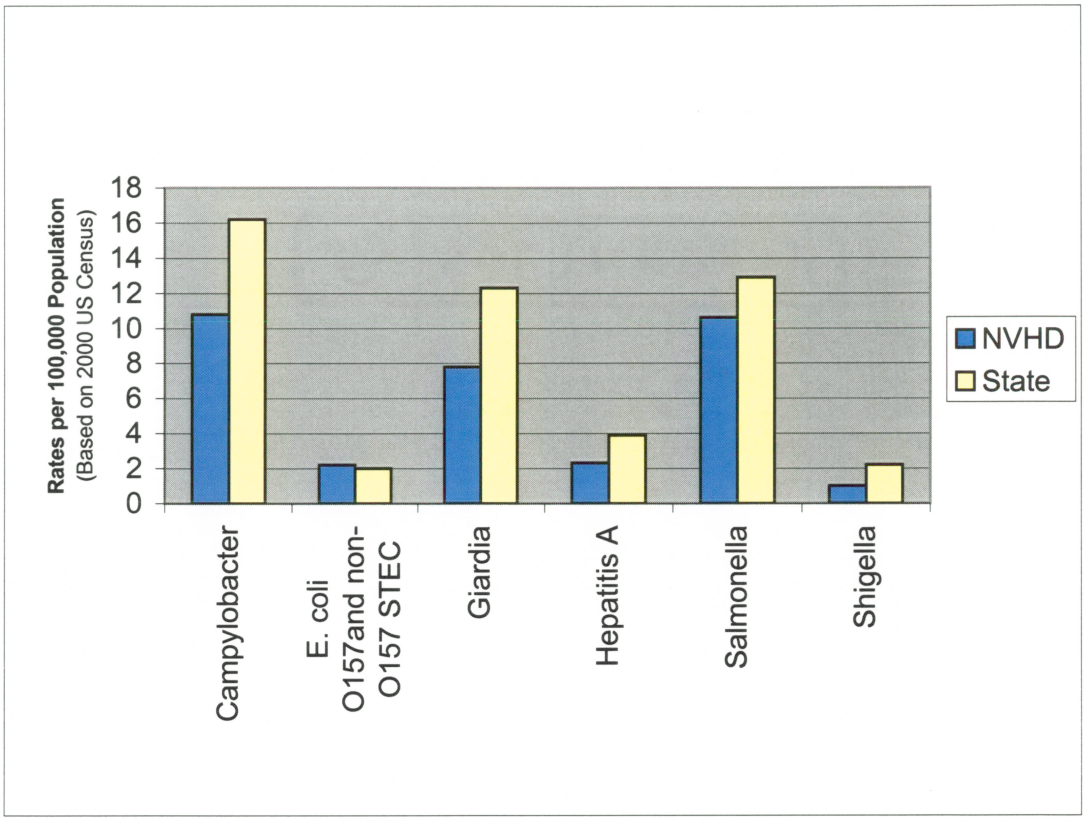


Data Source: Connecticut Department of Public Health

municipalities also led the District in Shigella rates with rates of 3.2 for Ansonia and 3.8 for Beacon Falls. It is important to note that except for the Hepatitis A rate in Ansonia,

and the Shigella rates in Ansonia and Beacon Falls, the rates are still less than the corresponding rates for the State.

Figure 4: Rates of Enteric Illness in NVHD 2000-2004

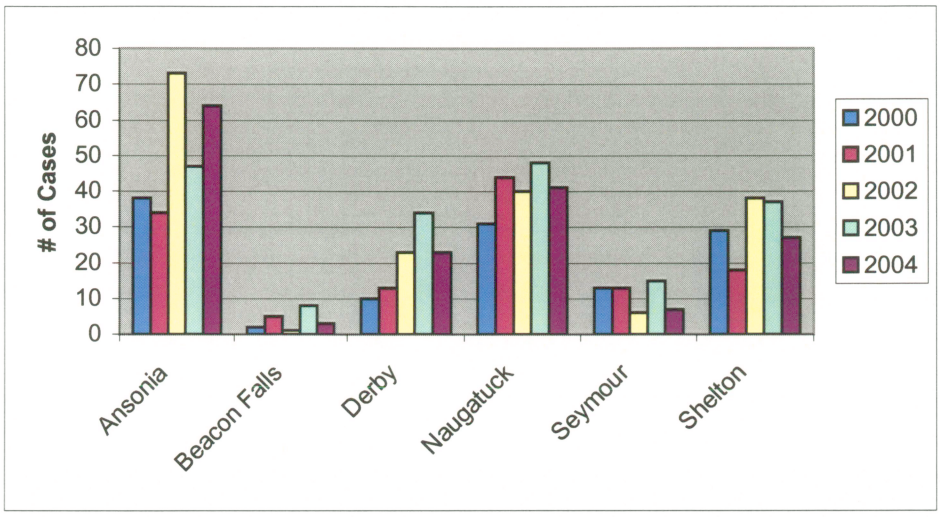


Data Source: Connecticut Department of Public Health

b. Sexually Transmitted Diseases

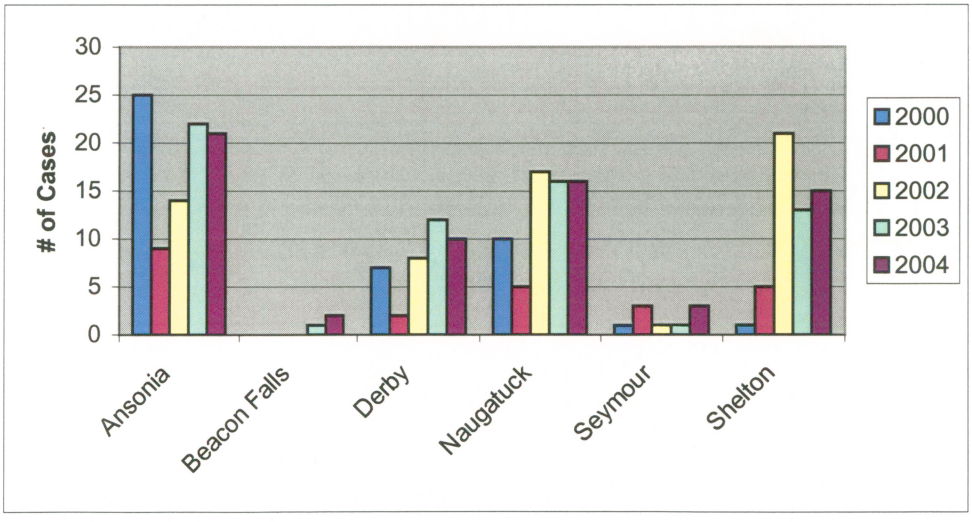
The number of cases of chlamydia and gonorrhea rose dramatically in NVHD during the years 2000-2004. This mirrors a statewide trend for chlamydia but is in contrast with the State trend for gonorrhea, which had been steady during this period. Syphilis also rose in the District from 0 to 2 cases while there was almost a 3-fold increase in the number of State cases. NVHD as a whole has rates of chlamydia, gonorrhea and syphilis one half of that of the State (Figure 7).

Figure 5: Chlamydia Cases by Municipality



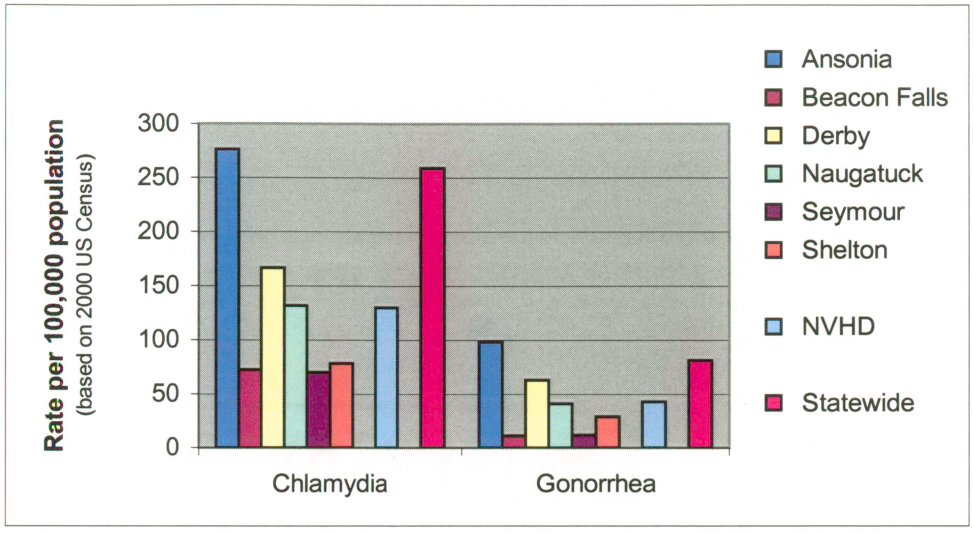
Data Source: Connecticut Department of Public Health

Figure 6: Gonorrhea Cases by Municipality



Data Source: Connecticut Department of Public Health

Figure 7: Chlamydia and Gonorrhea Rates 2000-2004



Data Source: Connecticut Department of Public Health

c. HIV/AIDS

For 2004, there were 9 new cases of HIV in NVHD for a total of 22. The State does not release previous years HIV rates once the current year is compiled. They reason that the numbers will be misused and misinterpreted because of the progressive nature of HIV/AIDS.

The District and the State had relatively stable numbers for AIDS over the years 2000-2002. The District's cases of AIDS increased 30% in 2003 compared to 2002, while the State had a 17% increase. The number of cases for both the State and District fell a little in 2004. The total number of AIDS cases over the years 1980- 2004 in NVHD is 199.

d. Tuberculosis

Active tuberculosis (TB) is a concern for the District; not only because of the impact on the patients and potential spread to others, but also because of the cost to the

District. Treatment of TB requires many medicines and a long course of treatment. Failure to properly follow and complete the treatment course has lead to the development of drug resistant strains of TB. To insure public health, supervised treatment has become the norm. This requires the District to have a staff member available to supervise and administer the program. The District has had a constant level of cases, 3, during the period 2000-2004. This mirrors the State, which has had a relatively constant number of cases during the same period. NVHD has a rate of 2.5 per 100,000 population for TB, which is 0.7 of a point less than the State, at 3.2.

e. Hepatitis B and C

Hepatitis types B and C are spread through parenteral routes by sexual contact or contact with infected blood. With Hepatitis B, there can be people with active or acute infection as well as chronic carriers. This distinction is important when collecting data on this disease, since the two states need to be evaluated differently and require different interventions to control.

For the years 1999- 2003, only men with acute illness and women testing positive for Hepatitis B surface antigen (HBsAg+) were entered in the State registry. HbsAg is an antigen found on the surface envelope of the Hepatitis B virus and elicits an antibody response from the body. The surface antigen is found in people with both acute and chronic Hepatitis B infection. During this period, NVHD as a whole had rates lower than the State. Only Derby exceeded the rate during this period, due to very high rates in 1999 and 2000.

In 2004, the State instituted a new collection method that divided Hepatitis B cases into active and chronic carrier groups. NVHD as a whole was below the State rate

in both categories. However, both Seymour and Naugatuck had a rate of 6.5 per 100,000 population for active cases which was more that double the State's rate of 3.2. When looking at chronic carriers, both Shelton and Derby exceeded the State rate of 17.6, with rates of 18.4 and 32.3, respectively. In Derby's case this may be related to the very high rates reported in 1999 and 2000.

For Hepatitis C, once again NVHD as a whole had much lower rates than the State, with a rate per 100,000 almost 27 percent less than the State. However, the five year average for Ansonia exceed the State rate by almost 12 cases per 100,000, with Derby's only 1.2 cases per 100,000 below the State.

f. Vaccine preventable infections

This category of infectious diseases includes measles, mumps, rubella and pertussis. NVHD and the State both have very low rates of these diseases. The District did not have any cases of measles, mumps or rubella during the studied period. It did have 4 cases of pertussis during this period, but the rate per 100,000 was roughly half the State's rate for the period.

g. Vector-borne Diseases

The vector-borne diseases that were evaluated were Lyme and Babesiosis (both tick borne infections) and West Nile virus, a mosquito-borne infection. From 2000-2004 NVHD had only one case each of Babesiosis and West Nile virus. The state saw an increase in Babesiosis from 2000-2003. There was a decrease in numbers in 2004, but the reporting method changed, so the numbers for 2004 and later are not comparable to prior years. During the period 2000-2004 there was a single case of West Nile virus in NVHD, which gave the District and the state the same rate of 0.2 per 100,000 population.

The Connecticut Department of Public Health changed reporting methods for Lyme disease in 2003, precluding comparisons with previous years. For the years 2003-2004, the rate of Lyme disease jumped for NVHD from 19 per100,000 population to 37.3, while the State rate decreased from 41.2 to 39.6. The NVHD increase can be attributed to a six-fold increase in cases in Naugatuck, and a nearly 50% jump in cases in Shelton. The overall trends are unclear since they are based on only 2 years of data.

Maternal Health

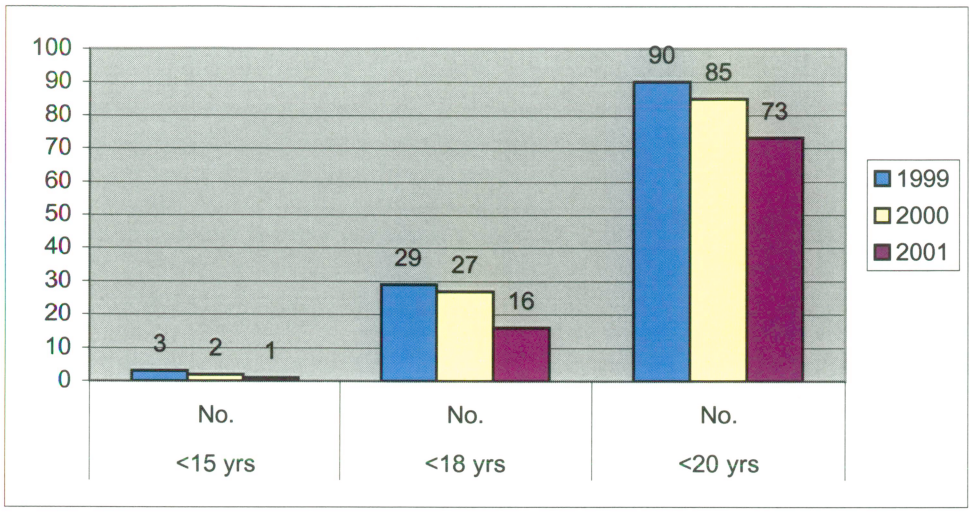
a. Births to Teenage Mothers

NVHD is paralleling the State trend with a decrease in births to teenage women over 1999- 2001 (the most recent figures available). The number of births decreased from 3 to 1 for women less than 15 years of age. Births occurring in this age group were a negligible percentage of all births in NVHD. Women between 15 and 18 had a decrease of 13 births (45%) and women 18 and 19 saw a decrease of 17 births (19%) during this period (Figure 8). During the same time Connecticut saw a drop in the number of births to women between 15 and 18 years of age and 18 and 19 years of age of 14% and 8.5%, respectively. Comparing the percentage of teen births to those of all births in the District and State showed that NVHD has a lower percentage of births to teenage women and also a much greater drop in the percentage of teen births than the State (Figure 9).

b. Birth weight

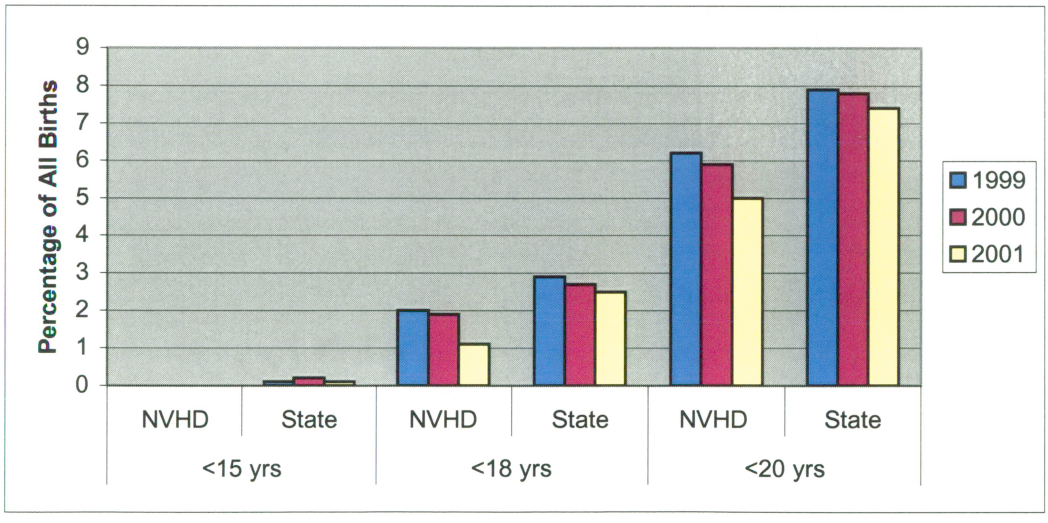
The number and percentage of low and very low birth weight births were examined. Very low birth weight babies are defined as weighing less than 1,500 grams (3.3 pounds) and low birth weight babies weigh between 1,500- 2,500 grams (3.3 – 5.5 pounds).

Figure 8: Births to Women Under 20 Years of Age



Data Source: Connecticut Department of Public Health

Figure 9: Percentage of Births to Women Under 20 Years of Age

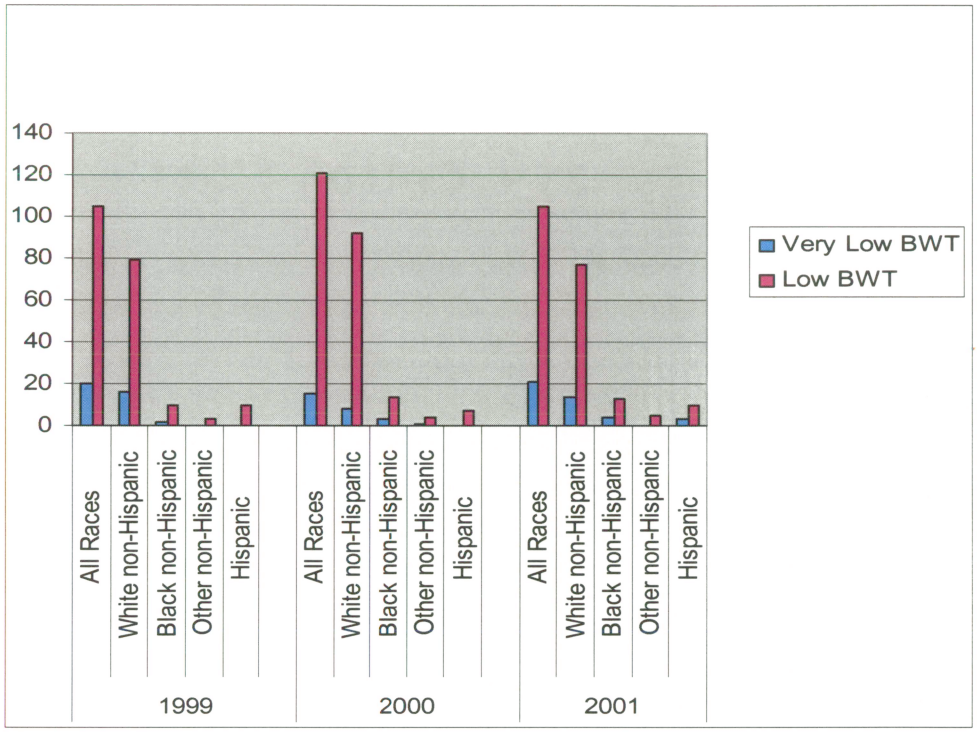


Data Source: Connecticut Department of Public Health

The percentage of low and very low birth weight babies born in NVHD is comparable to the State percentage. Examining births by race shows a different trend:

Black non-Hispanic women in the District greatly exceed the State percentages for Black non-Hispanic women having a low birth weight baby. Figures 10 and 11 show the number and percentages of low and very low birth weight births in NVHD broken down by race. The following section, prenatal care, may explain these findings.

Figure 10: Cases of Low and Very Low Birth Weight Occurring in NVHD

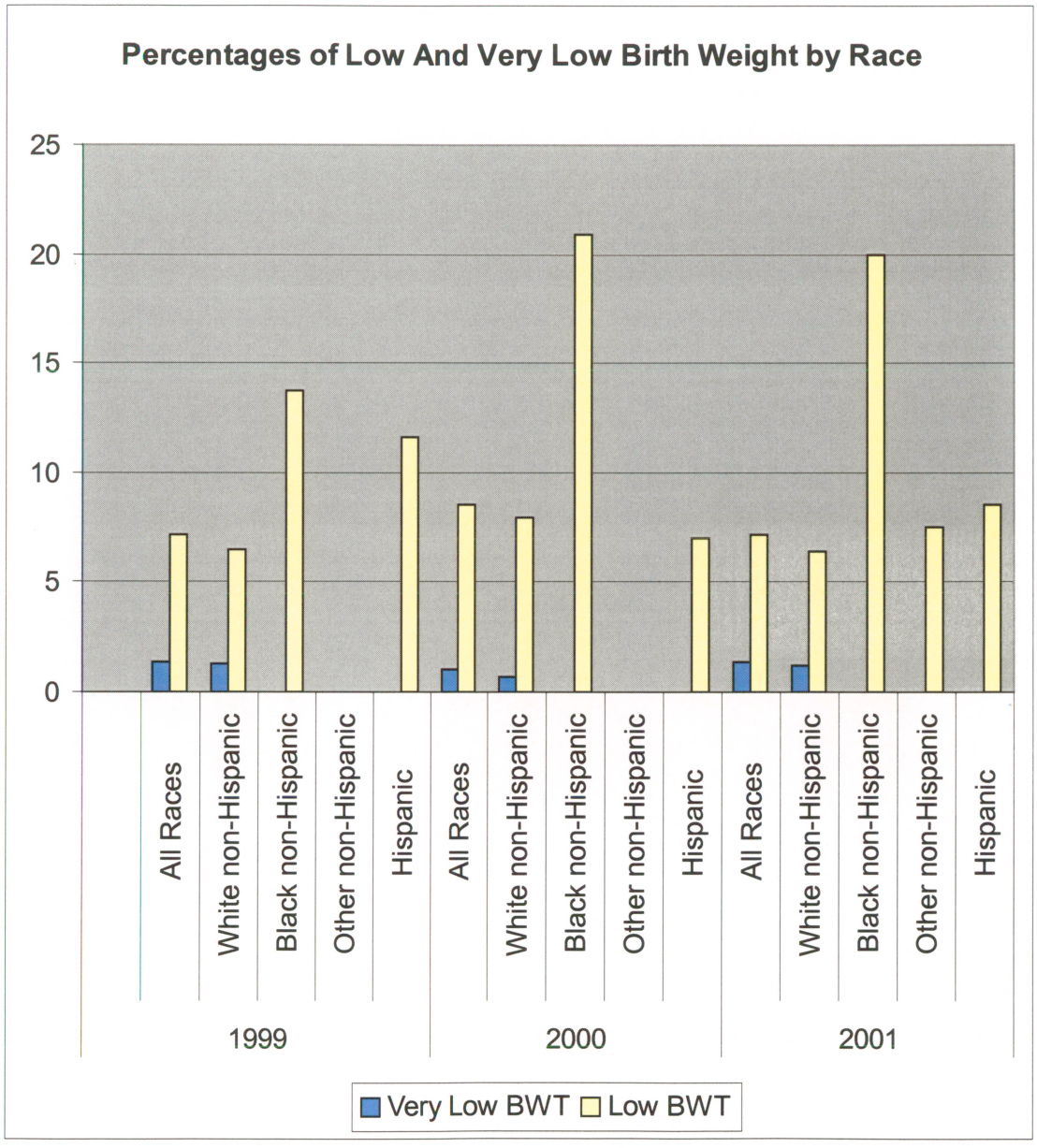


Data Source: Connecticut Department of Public Health

c. Timing of Prenatal Care

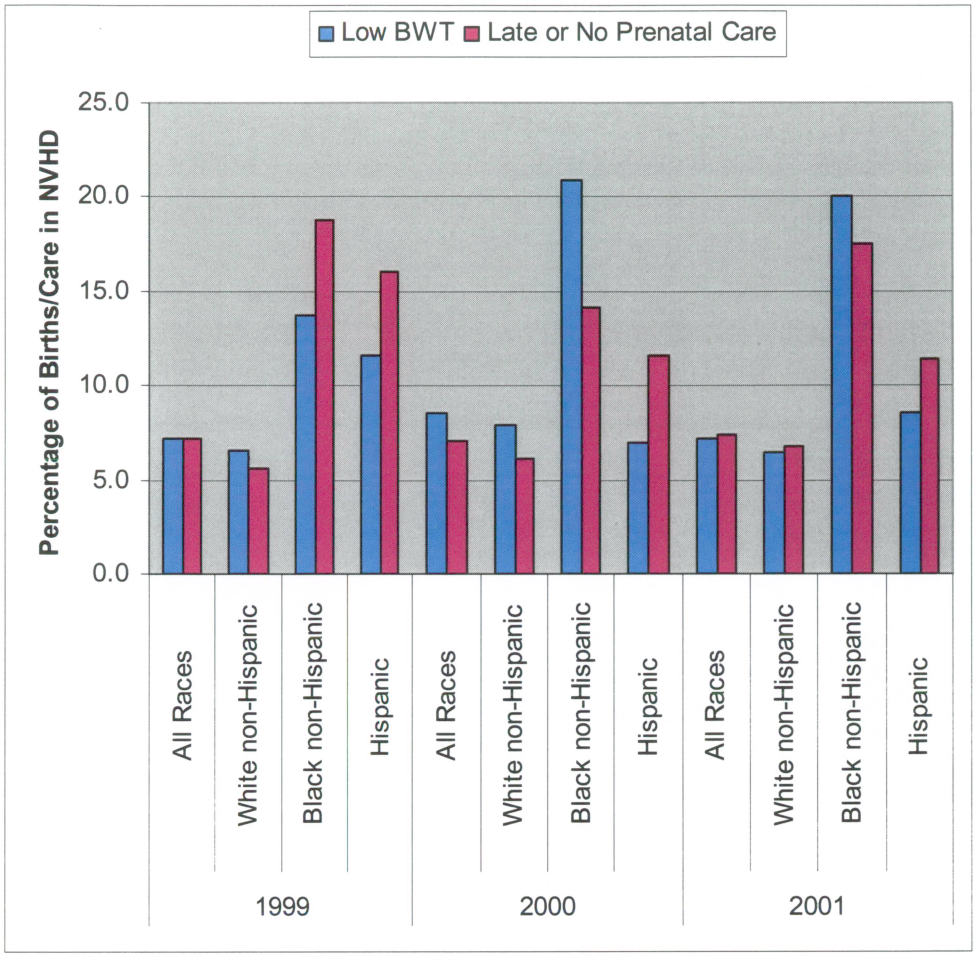
Prenatal care plays a large role in a baby's health and weight at birth. The percentage of women receiving late care for NVHD (defined as care initiated during or after the 2nd trimester or no care) is similar to the State. Compared to the white non-Hispanic and Hispanic populations the Black population in NVHD is accessing care late, which appears to result in a high percentage of low birth-weight births.

Figure 11: Percentages of Low and Very Low Birth Weight by Race



Data Source: Connecticut Department of Public Health

Figure 12: Percentage of Low Birthweight Births and Prenatal Care



Data Source: Connecticut Department of Public Health

Childhood Blood Lead Levels

The percentage of children being tested for blood lead levels for the District as a whole is very similar to the statewide rate of about 25%. The NVHD rate varies by municipality from a low of 18.6% to a high of 33.9%. Ansonia, which has the highest percentage of pre-1950 housing in NVHD, had the highest percentage of children being tested (Table 7).

Table 9: Children Age Less Than Six Years With A Blood Lead Level Screening

	Children Age Less Than Six Years with a Blood Lead Level Screening							
	Calendar Year 2000		Calendar Year 2001		Calendar Year 2002		Calendar Year 2003	
	Number and Percent of Children Screened		Number and Percent of Children Screened		Number and Percent of Children Screened		Number and Percent of Children Screened	
	Number	%	Number	%	Number	%	Number	%
Ansonia	440	28.8	508	33.2	518	33.9	463	30.3
Beacon Falls	85	20.8	91	22.3	107	26.2	104	25.5
Derby	222	23.9	290	31.3	285	30.7	251	27.1
Naugatuck	482	18.6	485	18.7	485	18.7	500	19.3
Seymour	267	24.2	308	27.9	331	30.0	322	29.2
Shelton	721	25.6	681	24.2	673	23.9	675	24.0
NVHD	2217	23.6	2363	25.2	2399	25.6	2315	24.7
Connecticut	63955	23.7	66574	24.6	69715	25.8	67480	25.0

[a] All percentages based on 2000 US Census

Data Source: Connecticut Department of Public Health

The percentage of children testing positive for blood lead levels in NVHD for the years 2000-2001 was always less than the percentage statewide except for 2003 when NVHD had a 0.2 percentage point higher percentage for children have a blood lead level of 10-14 microgram/dL. However, on a municipality level Ansonia, Derby and Naugatuck routinely exceeded the percentages. (Table 10)

Table 10: Percentage of Children with Blood Lead Levels

	10-14 µg/dL				15-19 µg/dL			
	2000	2001	2002	2003	2000	2001	2002	2003
Ansonia	0.9	4.3	2.3	4.5	0.2	0.6	0.8	0.6
Beacon Falls	0.0	0.0	0.9	0.0	0.0	0.0	0.0	0.0
Derby	0.9	2.4	1.0	0.8	0.9	0.0	0.0	0.0
Naugatuck	1.3	1.5	1.5	0.8	0.8	0.4	0.4	0.4
Seymour	0.0	0.7	0.9	0.6	0.4	0.0	0.3	0.3
Shelton	0.0	0.7	0.4	1.3	0.3	0.4	0.3	0.1
NVHD	0.5	1.8	1.2	1.6	0.5	0.3	0.4	0.3
Connecticut	2.1	1.8	1.5	1.4	0.7	0.6	0.5	0.4

	20-44 µg/dL				45+ µg/dL			
	2000	2001	2002	2003	2000	2001	2002	2003
Ansonia	0.7	0.8	0.4	0.4	0.0	0.6	0.4	0.0
Beacon Falls	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Derby	0.9	0.0	1.0	0.0	0.0	0.0	0.0	0.0
Naugatuck	0.0	0.4	0.2	0.2	0.0	0.4	0.2	0.0
Seymour	0.0	0.3	0.0	0.0	0.0	0.3	0.0	0.0
Shelton	0.0	0.3	0.3	0.3	0.0	0.1	0.3	0.0
NVHD	0.2	0.4	0.3	0.2	0.0	0.3	0.2	0.0
Connecticut	0.6	0.5	0.4	0.3	0.0	0.4	0.3	0.0

Data Source: Connecticut Department of Public Health, Childhood Lead Poisoning Prevention F

Asthma

The indicators used to evaluate asthma are hospitalizations caused by asthma and emergency department visits caused by asthma. For the period 2000-2002 (the most recent available information) NVHD had a rate of hospitalizations less than the State, as did all of the member municipalities (Table 11). Emergency department visits were only available for a 9 month period from January till September of 2000. Again, NVHD had a rate better than the State however; 2 municipalities exceeded the State rate. Ansonia's rate was 21 percentage points higher than the State, and Derby's was a point higher (Table 12).

Table 11: Hospitalization Due to Asthma 2000-2002

	Male	Female	Total	Rate per 10,000 people*
Ansonia	20	44	64	34.49
Beacon Falls	10	7	17	32.41
Derby	18	18	36	29.05
Naugatuck	48	63	111	35.82
Seymour	23	24	47	30.41
Shelton	18	55	73	19.16
NVHD	137	211	348	28.82
State	4819	7474	12293	36.10

Data Source: Connecticut Department of Public Health

Table 12: ED Visits January 2000- September 2000

	Male	Female	Total	Rate per 10,000 people*
Ansonia	55	68	123	66.29
Beacon Falls	3	13	16	30.50
Derby	30	27	57	46.00
Naugatuck	36	67	103	33.24
Seymour	16	50	66	42.71
Shelton	30	52	82	21.52
NVHD	170	277	447	37.02
State	6457	8889	15346	45.06

Data Source: Connecticut Department of Public Health

Deaths

The top 10 causes of deaths in NVHD were similar to those of the State in general (Table 13). Ischemic heart disease was the leading cause, with a crude death rate of 180 per 100,000 for the State and 208 for NVHD. A crude death rate is calculated by dividing the number of deaths by the population and does not take into account variations in the ages of the population in the areas being compared. Unfortunately, age adjusted deaths rates were unavailable when the strategic plan was produced. Based on the similar percentages in the age categories 65-74 years of age, 75-84 years of age and over 85 years of age between NVHD and the State it was felt that such comparisons would be acceptable. This trend of higher crude mortality rates is found with many of the top causes of death in the District.

Table 13: Comparisons of the Top 10 Causes of Death between NVHD and Connecticut 1999-2002

State Rank	Cause of Death	NVHD Rank	Crude Death Rate per 100,000*	
			State	NVHD
1	Ischemic heart disease	1	180	208
2	Cerebrovascular disease	2	57	63
3	Trachea, bronchus, & lung cancer	3	54	56
4	Chronic lower respiratory diseases	4	43	39
5	Accidents (unintentional injuries)	5	32	33
6	Intestinal parasitic infections	-	26	0
7	Pneumonia	7	26	21
8	Colorectal cancer	6	22	28
9	Diabetes	8	21	20
-	Septicemia	9	15	18
10	Congestive heart failure	10	19	20

Data Source: Connecticut Department of Public Health

As death is an inevitable human occurrence, premature or preventable deaths provide a way to examine deaths occurring before the age of 65. The top 6 causes of premature death contain 5 of the top ten causes but in a different order and chronic liver disease, which did not make the list of most common causes of death. Table 14 provides the number and percentage of premature deaths caused in NVHD.

Table 14: Top 6 Causes of Premature Death in NVHD

Cause of Death	Number	% of premature deaths
Ischemic heart disease	143	19.4
Accidents (unintentional injuries)	108	14.7
Trachea, bronchus, & lung cancer	75	10.2
Chronic Liver Disease	27	3.7
Colorectal cancer	24	3.3
Diabetes	21	2.8

Data Source: Connecticut Department of Public Health

IV. Summary and Discussion

The population demographics of NVHD vary substantially from Connecticut as well as among the member municipalities. While one municipality, Ansonia, mirrors the State demographic profile for race, the remaining 5 members diverge greatly from the State, giving NVHD a greater Caucasian proportion than the State. The populations of NVHD and the State are very similar for age. Disparities on a member municipality basis exist in other demographic indicators as well. The District and State have disparities in the level of education, with the State averaging more residents with Bachelor or higher degrees than NVHD. Within NVHD, Beacon Falls and Shelton have almost twice as many college graduates on a percentage basis than the remaining municipalities.

The infectious disease indicators showed NVHD as a whole consistently having lower rates than the State, with differences between the member municipalities. Although the municipalities varied greatly in the number of enteric disease cases, the overall numbers of cases were still relatively low for the District as a whole. NVHD had a 5 year average rate per 100,000 people for chlamydia and gonorrhea of approximately half that of the State, although there was a wide range of rates within the District. Three municipalities had a chlamydia rate approximately 30 % of the State rate, while one municipality exceeded the State rate by 10%. The rates for gonorrhea between member municipalities were even more diverse, with a range of 10%-120% of the State rate.

Low birth weight births and timing of prenatal care showed disparities based on race within the District. Black non-Hispanic women had a higher percentage of the low birth weight births and receiving late or no prenatal care. These percentages were still less than the State.

The percent of children receiving blood lead level screenings varied between municipalities ranging from a low of approximately 18% to a high of approximately 30%. Ansonia, the municipality with the highest percentage of older homes, had the highest rates of screening. Derby, the municipality with the second highest number of older homes, began the study period with a screening rate of 24%, but improved to 27% during the study period.

The top 5 causes of death; ischemic heart disease, cerebrovascular disease, trachea, bronchus and lung cancer, chronic lower respiratory diseases and accidents (unintentional injuries), for both NVHD and the State were identical. The District had a much higher crude death rate for ischemic heart disease, and slightly higher rates for the

remaining causes of death, except for chronic respiratory disease, which was slightly lower. Ischemic heart disease was the leading cause of premature death, account for 19% of such deaths in the District.

Six recommendations were developed for the Board to review based of the data and discussion with the Health Director. They were:

1. Monitor population growth to ensure adequate public health staffing.
2. Look for ways either alone or with our partners to decrease the disparities seen in prenatal care and low-birth weight births in the District.
3. Increase surveillance, health education, referral, and follow-up to decrease the spread of existing, emerging and re-emerging communicable diseases in the District.
4. Continue rigorous intervention efforts with children under the age of six with elevated blood lead levels.
5. Collaborate with community partners to address the risk factors (e.g., high blood pressure, cholesterol, obesity, nutrition, physical inactivity) for the leading causes of diseases in the district (e.g., heart disease, cancer, stroke, diabetes and liver disease).
6. Asthma monitoring should continue and, if warranted, initiatives identified such as those that encourage healthy homes.

b. Discussion

a. Data availability and completeness

The project was not as straightforward as expected. Several problems collecting the desired data were encountered, and the process led to a desire for data that is not available. These problems would be of concern for researchers for other towns or districts who are attempting similar projects. One problem that occurred was errors in the data itself. While collecting the estimated 2004 population numbers for the District, it was discovered that the Connecticut Economic Resource Center publications had a

mathematical error for each of the District's six member municipalities. This problem was corrected by the Connecticut Economic Resource Center once it was brought to their attention. A difficulty with data collected by the Connecticut Department of Public Health is acquiring timely information without special requests. For some statistics, causes of death and cancer incidence, the most recent available numbers are 2002, for births to teenage women and birth weight the most recent available numbers were from 2001. For the asthma data the hospitalization data was for 2002 but emergency department visits are only for January through September of 2000. However, the asthma unit was very receptive to requests for data and supplied the information very quickly. The infectious disease section was also very receptive to the request.

Another problem encountered was the way certain information was provided in relation to both format and organization. Causes of death were provided in a Word document instead of a spreadsheet or database format, which made searching and tallying difficult. Also, when reporting causes of death, rare causes may not be listed specifically but only in the total. For example, the total cancer deaths will be given followed by a breakdown of individual cancers, but adding up the individual numbers does not equal the total because the rare cancers are not listed. This information is available but it needs to be specifically requested. Another problem encountered was the lack of availability for age-adjusted death rates for the towns. This would be very useful to allow proper comparison between the District and the State.

The problems encountered do not appear to be unique to the District or Connecticut. A survey of local health districts in New York, where they are required by law to conduct biannual community health assessments, reported similar problems in

accessing data for their projects.[10] Similarly an evaluation of local health departments in Kansas who participated in a State sponsored program to conduct community health assessments found that these types of problems were the main points of contention for the departments and the reasons for the weakness/failure of their health assessments.[11]

b. Suggested follow-up data

Evaluation of the top 10 causes of death and the top 6 causes of premature death in NVHD and Connecticut revealed interesting findings and raised follow-up questions. NVHD had 28 more deaths per 100,000 for ischemic heart disease than the State during the period 1999-2002. In addition, this condition was the leading cause of premature death accounting for over 19% of all premature deaths. NVHD had 2 more deaths per 100,000 people than the State for death by trachea, bronchus and lung cancer, which accounted for 10% of all premature deaths in the District. The District had 6 more deaths per 100,000 people caused by colorectal cancer that the State. Colorectal cancer accounted for 3.3% of all premature deaths. NVHD also saw 3.7% of its premature deaths occurring because of chronic liver disease and 2.8% caused by diabetes.

An examination of the behavioral risk factors (national level) for the top causes of premature/preventable deaths reveal several common factors; smoking, physical inactivity and alcohol abuse. Diabetes, while a cause of death in itself, is also a physiologic risk factor for heart disease. Tables 15 and 16 give the complete lists and the related diseases.

Table 15: Selected Risk Factors

Causes of Death	Selected Risk Factors											
	Behavioral							Physiologic				
	Smoking	Physical inactivity	High fat diet	Low fiber diet	Alcohol abuse	Unsafe driving	Drug use	High Serum Cholesterol	Obesity	Hypertension	Diabetes	STDs
Diseases of the Heart	+	+						+	+	+	+	
Malignant Neoplasm	+	+	+	+								+
Accidents (including fire)	+				+	+	+					
Chronic Liver Disease/Cirrhosis					+							
Diabetes		+							+			

(Adapted from Oxford Textbook of Public Health)

Table 16: Risk Factors and Behavioral Determinants

Selected Physiological Risk Factors	Behavioral Determinants of Physiologic Risk Factors
High Serum Cholesterol	High Fat diet
Obesity	High Cholesterol Diet
Hypertension	High Salt Diet
STDs	Sexual Behavior

(Adapted from Oxford Textbook of Public Health)

More data is needed for NVHD to effectively address the higher rates of death from ischemic heart disease, trachea, bronchus and lung cancer, and colorectal cancer. Items of interest, but not inclusive, are:

1. Rates of tobacco used by NVHD residents
2. Amounts of alcohol consumption by NVHD residents
3. Percentage of obese individuals in NVHD
4. Level of physical activity/inactivity of NVHD residents
5. Percentage of the NVHD population receiving cancer screenings
6. Percentage of NVHD residents diagnosed with hypertension, diabetes and hyperlipidemia actively following medical advice for the treatment of their conditions

Some of this data, specifically alcohol consumption, colorectal screenings, diabetes, exercise and tobacco use, is collected in the Behavioral Risk Factor Surveillance System (BRFSS), a United States Centers for Disease Control and Prevention program charged with examining personal health behaviors and their relationship to overall health. The data is collected through cross-sectional telephone surveys.[12] The design of the survey is for collection of data on a State level. This makes it impossible to use this information on a town or district level as there are not enough responses from areas that small to analyze. To address this issue, either a larger state-based survey or a local District only survey would need to be undertaken.

c. Staff and Resource Allocation

To develop and implement the recommendations an analysis of staffing levels and resource allocations is needed. NVHD is composed of 3 sections: environmental health, community health, and administration.

Environmental Health consists of 6 full-time sanitarians, one of whom also functions as housing code enforcer for member municipalities who wish this service from the District. These individuals are responsible for the State mandated environmental services a health district must perform. The number of visits and inspections completed by environmental health for the fiscal year July 1, 2004 – June 30, 2005 are presented in Table 17.

Table 17: Visits and Inspections by Environmental Health July 1, 2004-June 30, 2005

Type of Inspection or Visit	Number of Inspections or Visits
Septic and Sewage	1782
Food Service	1881
Housing Code Enforcement	395
Lead Investigation/ Abatement	103
Daycares/Schools	57
Public Pools	79
Beauty Salons	188
Tattoo Parlors	8
Other/Miscellaneous	1357

Data Source: Naugatuck Valley Health District Annual Report 2004-2005

Environmental Health also addressed 343 complaints and reviewed 777 septic/sewage applications. The fees generated by the activity of this section provided approximately $152,000 of income to the District and covered approximately 50% of the salaries for this section.

Community Health consists of 4 full-time and 2 part-time individuals and is responsible for the majority of the State mandated services. The District's annual report for the fiscal year July 1, 2004 – June 30, 2005, this section provided:

— infectious disease investigation, counseling, referral, education and control measures to 1,380 residents of NVHD

- 2,406 influenza and pneumonia vaccinations to senior citizens
- 300 Hepatitis A and B Vaccines to municipal employees and others at risk
- 525 free childhood and college entry immunizations
- blood lead screenings for 260 children, treated 155 confirmed cases and managed 12 investigations
- health screenings and education for 298 residents, and
- assessed and educated 365 residents for childhood asthma.

Many of these functions are provided free or at minimal cost to the residents of NVHD. As such, once the costs for the vaccines are accounted for, Community Health generates little revenue for the District. However, the lack of revenue is considered acceptable because of the health benefits to the individual and the community.

Administration consists of the Director of Health, two assistant directors, the heads of environmental health and community health and a full-time business manager. Administrative support consists of two full-time and one part-time receptionist/assistant. The two full-time individuals provide support to environmental health, emergency preparedness and the public. Community health, the Director and the business manager share the part-time assistant and when possible draw on the other two assistants.

With the current staffing levels the District provides excellent service to its member municipalities and residents. This can be seen in its lower than the State rates for many of the health indicators evaluated. In order for improvement to occur in the areas noted, NVHD would need an increase in its funding to allow for an increase in staffing and programs. Barring an increase in funding, NVHD needs to look to

community partners to aid in accomplishing the task. As State funding is projected to continue to remain tight, and the municipalities' leadership does not welcome increasing the per capita fees paid by member municipalities, alternative funding sources are needed. Grant funding may provide an answer to the District's funding needs. Unfortunately, the District's grant research and writing ability is severely limited as its staff is stretched thin. It might be in the District's interests to evaluate the possibility of creating a higher-level administrative support position with a main task of grant writing and research. Ideally the extra funds received through the grants may pay for the position.

VI. Conclusion

A review of the data shows a disconnect between asset allocation within the health district and the public health issues of the health district. Much of the public health activity of the District centers on the environmental control of health risks. NVHD is as good as or better than the State when indicators evaluating infectious diseases and diseases with an environmental aspect of control are analyzed. However, when other health indicators are evaluated (especially cause of death and causes of premature death) the District is worse than the State. For deaths caused by ischemic heart disease, the District's crude death rate per 100,000 people is almost 16% higher than the State rate and accounts for over 19% of the premature deaths in the District.

As chronic disease control is a public health concern, the question arises should assets be redirected from the previous concerns of public heath, infectious disease and environmentally controllable diseases. Chronic diseases place a direct burden on the

individual, by shortening their lifespan and decreasing their quality of life, but also place a burden on the community and nation. For the community and nation there are the financial costs of caring for an individual with chronic disease and also the social and emotional costs on the family, which are an indirect cost to the community and nation. However, abandoning the activities that public health has been engaged in the past would not be wise. Infectious disease is still a concern that deserves the attention of public health. With the increase in global travel and the changing of the Earth's climate, infectious disease may spread to areas not usually considered areas of risk for a specific disease or new pathogens may emerge. An example of this would be West Nile virus, which was an Eastern Hemisphere disease until 1999 when cases where discovered in New York.

Public health must continue in its past role and also look to also undertake a new mission in chronic disease control. For this to occur, better data is needed areas such as behavioral risk factors, patient compliance with medical advice, and health literacy, to identify a few. In addition more funding of public health is needed on all levels of government.

The next strategic plan for NVHD should address more of the chronic disease aspect of public health. For asthma, especially childhood asthma, better and more timely data should be sought. A possible source would be for school nurse records from the local school districts. In addition, community assets need to be reviewed. This should include the assets of each municipality in the District, Griffin Hospital, and other private or governmental agencies, which operate in the municipalities of the District.

As a whole the Naugatuck Valley Health District is accomplishing its mandate responsibilities very well. The development of a Strategic Plan to look at the past and plan for the future is an integral part of its success. As noted, there are areas where Naugatuck Valley Health District could strengthen itself. However, without the availability of better and timelier data, and the allocation of more money to public health in general, improvement will be minimal.

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Appendix

Appendix A

GUIDE TO INTERPRETING THE SOCIOECONOMIC AND HEALTH INDICATORS (a)
HIGHLIGHTS OF DATA (B)

1. POPULATION DATA

(a) Data from the 2000 US Census were available during the development of this project. In the calculation of rates, the 2000 Census data were used. There were also estimates available for the 2004 population and projected population numbers for 2009 along with projected growth rates for the period of 2004 –2009.

(b) Overall, the district population increased 3.5% or 4,055 individuals between 1990 and 2000 with and estimate 3% increase from 2000-2004 and a projected additional 3% increase from 2004-2009 or 3207 and 3885 individuals respectively. All towns show steady growth from 1990-2004. The Hispanic and Black populations have remained steady at 4.7% and 3.0%, respectively, of the population 2000 to 2004 while growing by 213 and 228 individuals respectively.

2. Maternal Health

(a) Adequacy of Prenatal Care Utilization Index**.** The Adequacy of Prenatal Care Utilization (APNCU) Index characterizes prenatal care utilization based on two independent dimensions – time of initiation of prenatal care, and number of prenatal care visits after care has begun. The APNCU Index classifies prenatal care utilization by comparing the *actual* number of prenatal care visits to the *expected* number of visits. (See Data Sheet for more information)

(b) For 1999 and 2000, the Infant Mortality Rate in the district was lower than the state rate. This trend reversed in 2001, the last year statistics are currently available. When 2002 rates become available they will need to be analyzed to determine whether the 2001 rate was an anomaly or a trend needing further study. The district indicators for the number of births to mothers under 20 years, very low birth weight, and non-adequate pre-natal care have all been in decline with the exception of low birth weight, which continues to fluctuate in the population as a whole but has risen 2000 and 2001 for black women..

3. AIDS CASES

(a) The CDC Acquired Immunodeficiency Syndrome (AIDS) surveillance case definition for adolescents and adults is all human immunodeficiency virus (HIV)-infected persons with severe immunosuppression (less than 200 CD4+ T-lymphocytes/uL or a CD4+ T-lymphocyte percentage of total lymphocytes of less than 14), pulmonary tuberculosis (TB), recurrent pneumonia, or invasive cervical cancer.

(b) From 2000-2004 the number of AIDS cases diagnosed and reported in NVHD residents was fairly consistent. There was a slight decrease in 2000 and a slight increase in 2003.

4. HEPATITIS TYPES Band C
(a) Self explanatory.

(b) Hepatitis B has remained at a constant level in the health district between 1999 and 2003. In 2004 a new classification system began making comparisons with previous years not possible which creates the appearance of an increase in cases but a decrease in rates. Hepatitis C cases have reversed its previous trend and decreased in the period from 2000 to 2004.

5. TUBERCULOSIS
(a) Self explanatory.

(b) Active Tuberculosis cases have remained steady 2000-2004 with rates below the state rate.

6. LYME DISEASE
(a) Self-explanatory.

(b) The annual rate for the towns in the health district are significantly lower than the state rates for the years 2000 through 2004, with the exception of Beacon Falls in 2001 and 2002 and Shelton in 2004. It should be noted that the number of cases in the district have been on the rise 2000-2002 and again 2003-2004 under a new reporting system that prevents comparisons to previous years.

7. WEST NILE VIRUS
(a) Self-explanatory.

(b) The District has only had one (1) reported case of West Nile Virus in the period 2000-2004.

7. SEXUALLY TRANSMITTED DISEASE
(a) Self-explanatory.

(b) The district's chlamydia rates continued to increase from 2000-2003 with a slight decrease in 2004. Overall the rates are below the state rate. The gonorrhea rate after falling in 2001 has risen sharply 2002-2004.

7. FOODBORNE ILLNESS
(a) Self-explanatory.

(b) The rates of enteric diseases overall have remained below the statewide level during this period.

8. LEAD POISONING SCREENING
(a) The letters ug are short for microgram. A microgram is one millionth of a gram. Ug/dl is short for micrograms per deciliter. This is the measurement used to express how much lead is in a person's blood. Children under age six are at great risk for lead poisoning, with 1-2 year old children at greatest risk. Lead poisoning can cause problems with learning behavior and development. Lead levels as low as 20 ug/dl can cause health problems. Medical tests, possible drug treatment and environmental clean-up may be required.

(b) The districts cases of children testing positive for level of 10-14ug/dl have risen between 2000 and 2004 from 12 cases to as many as 43. The overall rate has stayed below the state rate. At higher levels the cases have remained constant and below state rates. Ansonia and Naugatuck accounted for a predominance of the cases, which can be explained as these towns also, have the most homes built prior to the banning of lead paint in 1977.

9. CAUSES OF DEATH

(a)The cause of death is the disease or injury that initiated the sequence of events leading directly to death. The data in the report are the total number of deaths and the crude death rate. The crude death rate is the number of deaths per 100,000. It does not consider age, sex, or race at the time of death. Identifying these factors is important in determining intervention and prevention efforts.

$$\text{Crude Death Rate} = \frac{\text{Number of resident deaths}}{\text{Total resident population}} \times 100{,}000$$

(b) As seen nationally cancer as a whole has become the leading cause of death in the District. Individually ischemic heart disease, cerebrovascular disease and lung cancer are the top three causes of death respectively. The district's crude death rate for all of these is above the state rate. Our rate of colorectal cancer is also above the state rate however our rates for breast and prostate cancer mirror the state rates. Age adjusted rates may change all of these comparisons and may provide a better and more useful look at causes of death among NVHD residents.

Appendix B

Data Collected for the Strategic Plan
Demographics

Naugatuck Valley Health District
Population

		Total town population				Projected Population*	
	Area sq.miles	1980	1990	2000	2004 Estimate*	2009 Projection	growth rate/yr 2004-2009
Ansonia	6.2	19039	18403	18554	18922	19388	0.50%
Beacon Falls	9.78	4004	5071	5246	5396	5584	0.70%
Derby	5.3	12346	12199	12391	12771	13235	0.70%
Naugatuck	16.39	26456	31575	30989	31610	32392	0.50%
Seymour	14.57	13217	14014	15454	15695	16007	0.40%
Shelton	30.56	31319	35418	38101	39548	41221	0.80%
NVHD Total	82.8	106381	116680	120735	123942	127827	0.60%

Data source: 1980-2000 US Census bureau
* estimated/ projected data from CERC Data Finder and Applied Geographic Solutions

Naugatuck Valley Health District
Race by Town

	2000					2004*				
	Black or African American	White	Other^	Total	Hispanic (any Race)	Black or African American	White	Other^	Total	Hispanic (any Race)
Ansonia	1,562	15,867	1,125	18,554	1,376	1,616	16,138	1,168	18,922	1,630
Beacon Falls	38	5,087	121	5,246	112	47	5,219	130	5,396	140
Derby	449	11,162	780	12,391	950	477	11,483	811	12,771	234
Naugatuck	882	28,435	1,672	30,989	1,386	946	28,935	1,729	31,610	1,655
Seymour	209	14,642	603	15,454	470	235	14,831	629	15,695	569
Shelton	428	35,984	1,689	38,101	1,326	475	37,293	1,780	39,548	1,605
NVHD Total	3,568	111,177	5,990	120,735	5,620	3,796	113,899	6,247	123,942	5,833
Statewide	309,843	2,780,355	315,367	3,405,565	320,323	319,094	2,863,369	324,783	3,507,246	367,273

Data source: 2000 US Census bureau

* estimated/ projected data from CERC Data Finder and Applied Geographic Solutions

^ includes American Indian, Alaska Native, Asian, Native Hawaiian and other Pacific Islander, Some other race or two or more races

Naugatuck Valley Health District
Race by Town as a Percentage

	2000					2004*				
	Black or African American	White	Other^	Total	Hispanic (any Race)	Black or African American	White	Other^	Total	Hispanic (any Race)
Ansonia	8	86	6	100	7	9	85	6	100	9
Beacon Falls	1	97	2	100	2	1	97	2	100	3
Derby	4	90	6	100	8	4	90	6	100	9
Naugatuck	3	92	5	100	4	3	92	5	100	5
Seymour	1	95	4	100	3	1	94	4	100	4
Shelton	1	94	4	100	3	1	94	5	100	4
NVHD Total	3	92	5	100	5	3	92	5	100	5
Statewide	9	82	9	100	9	9	82	9	100	10

Data source: 2000 US Census bureau

* estimated/ projected data from CERC Data Finder and Applied Geographic Solutions

^ includes American Indian, Alaska Native, Asian, Native Hawaiian and other Pacific Islander, Some other race or two c

Naugatuck Valley Health District
Population by age in 2000

	Total population	under 5 years	5 to 17 years	18 to 24 years	25 to 49 years	50 to 64 years	65 + years
Ansonia	18554	1281	3208	1513	7005	2676	2871
Beacon Falls	5246	343	981	340	2232	844	506
Derby	12391	758	1929	893	4884	1868	2059
Naugatuck	30989	2144	6181	2267	12400	4364	3633
Seymour	15454	902	2785	974	6230	2342	2221
Shelton	38101	2347	6625	2228	14341	6888	5672
NVHD Total	120735	7775	21709	8215	47092	18982	16962

As a percentage of population

	Total population	under 5 years	5 to 17 years	18 to 24 years	25 to 49 years	50 to 64 years	65 + years
Ansonia	18554	6.90%	17.29%	8.15%	37.75%	14.42%	15.47%
Beacon Falls	5246	6.54%	18.70%	6.48%	42.55%	16.09%	9.65%
Derby	12391	6.12%	15.57%	7.21%	39.42%	15.08%	16.62%
Naugatuck	30989	6.92%	19.95%	7.32%	40.01%	14.08%	11.72%
Seymour	15454	5.84%	18.02%	6.30%	40.31%	15.15%	14.37%
Shelton	38101	6.16%	17.39%	5.85%	37.64%	18.08%	14.89%
NVHD Total	120735	6.44%	17.98%	6.80%	39.00%	15.72%	14.05%

	Median age
Ansonia	36.8
Beacon Falls	36.7
Derby	37.7
Naugatuck	35.5
Seymour	38.5
Shelton	39.8

Data source: 2000 US Census bureau

Naugatuck Valley Health District
Population by age in 2004 estimate

	Total population	under 5 years	5 to 17 years	18 to 24 years	25 to 49 years	50 to 64 years	65 + years
Ansonia	18922	1252	3334	1653	6790	3063	2830
Beacon Falls	5396	341	1021	385	2156	963	530
Derby	12771	765	2047	999	4747	2160	2053
Naugatuck	31610	2105	6317	2504	11957	5000	3727
Seymour	15695	887	2882	1094	5988	2645	2199
Shelton	39548	2354	7135	2710	13693	7754	5902
NVHD Total	123942	7704	22736	9345	45331	21585	17241

As a percentage of estimated 2004 population

	Total population	under 5 years	5 to 17 years	18 to 24 years	25 to 49 years	50 to 64 years	65 + years
Ansonia	18922	6.62%	17.62%	8.74%	35.88%	16.19%	14.96%
Beacon Falls	5396	6.32%	18.92%	7.13%	39.96%	17.85%	9.82%
Derby	12771	5.99%	16.03%	7.82%	37.17%	16.91%	16.08%
Naugatuck	31610	6.66%	19.98%	7.92%	37.83%	15.82%	11.79%
Seymour	15695	5.65%	18.36%	6.97%	38.15%	16.85%	14.01%
Shelton	39548	5.95%	18.04%	6.85%	34.62%	19.61%	14.92%
NVHD Total	123942	6.22%	18.34%	7.54%	36.57%	17.42%	13.91%

	Median age
Ansonia	37
Beacon Falls	37
Derby	38
Naugatuck	36
Seymour	39
Shelton	41

Data source: * estimated/ projected data from CERC Data Finder and Applied Geographic Solutions

Naugatuck Valley Health District

Housing

	Total Housing Units*	Units in Structure						Mobile home	Boat, RV, van, etc
		1 unit	2 units	3-4 units	5-9 units	10-19 units	20+ units		
Ansonia	7,937	3796	2,214	1,062	297	313	248	7	-
Beacon Falls	2,104	1499	104	105	46	29	164	157	-
Derby	5,568	2610	1,285	686	501	193	293	-	-
Naugatuck	12,341	7298	1,519	1,194	887	693	400	350	-
Seymour	6,356	4424	511	300	97	446	566	12	-
Shelton	14,707	11445	939	922	528	223	327	315	8
NVHD	49,013	31,072	6,572	4,269	2,356	1,897	1,998	841	8
State	1,385,975	887,891	119,585	127,032	76,836	52,697	109,740	11,580	614

	Year structure built							
	1999 to March 2000	1995-98	1990-94	1980-89	1970-79	1960-69	1940-59	1939 or earlier
Ansonia	56	149	172	471	641	1,219	2,265	2,964
Beacon Falls	43	129	152	346	384	192	419	439
Derby	56	111	295	642	596	542	1,411	1,915
Naugatuck	121	294	476	2,110	2,084	1,638	2,670	2,948
Seymour	79	204	316	918	965	966	1,655	1,253
Shelton	367	837	933	3,123	2,252	2,519	2,719	1,957
NVHD	722	1,724	2,344	7,610	6,922	7,076	11,139	11,476
State	15,993	47,028	56,058	183,405	203,377	212,176	359,042	308,896

Data Source: 2000 US Census

* Total housing units includes RV and mobile home
"-" = none

Naugatuck Valley Health District

Employment 2003

	Labor Force	Employed	Unemployed	Rate (%)
Ansonia	9,242	8,469	773	8.4
Beacon Falls	3,031	2,847	184	6.1
Derby	6,718	6,216	502	7.5
Naugatuck	17,074	15,848	1,226	7.2
Seymour	8,396	7,879	517	6.2
Shelton	20,652	19,450	1,202	5.8
NVHD	65,113	60,709	4,404	7
CT	1,803,100	1,704,000	99,100	5.5

Data Source: Connecticut Department of Labor

Naugatuck Valley Health District

Hepatitis

District Wide Cases

	1999	2000	2001	2002	2003	5 year average
Hepatitis B^**	10	10	8	8	10	9

	2004	Overall 2004***
Hepatitis B Acute	3	21
Hepatitis B Chronic	18	

	2000	2001	2002	2003	2004	5 year average
Hepatitis C	146	156	162	118	107	138

District Wide Rates per 100,000 population*

	1999	2000	2001	2002	2003	5 year average
Hepatitis B^**	8.3	8.3	6.6	6.6	8.3	7.6

	2004	Overall 2004***
Hepatitis B Acute	0.2	1.1
Hepatitis B Chronic	1	

	2000	2001	2002	2003	2004	5 year average
Hepatitis C	120.9	129.2	134.2	97.7	88.6	114.1

**only acute men and HBsAg+ women entered in registry
^Hepatitis B statistics are not comparable to 1999-2003 data as cases are categorized as acute and chronic only
*** overall rate for chronic and acute cases

Naugatuck Valley Health District

Reported Infectious Diseases

District Wide Rates per 100,000 population*

Type	Disease	2000	2001	2002	2003	2004	5 year average
Enteric							
	Campylobacter	13.3	5.8	13.3	9.9	11.6	10.8
	Cryptosporidium	0	1.7	0	0	0	0.3
	Cyclospora	0	0	0	0	1.7	0.3
	E. coli O157and non-O157 STEC	5.8	1.7	0.8	1.7	0.8	2.2
	Giardia	7.5	4.1	7.5	9.9	9.9	7.8
	Hepatitis A	0.0	6.6	1.7	3.3	0.0	2.3
	Listeria	0	0	0	0	0	0
	Salmonella	11.6	11.6	6.6	10.8	12.4	10.6
	Shigella	0.0	0.8	3.3	0.8	0.0	1.0
	Vibrio	0.0	0.0	0.0	0.8	0.0	0.2
	Yersinia	0.0	0.0	0.8	0.0	0.0	0.2
STD							
	Chlamydia	101.9	105.2	149.9	156.5	136.7	130.0
	Gonorrhea	36.4	19.9	50.5	53.8	55.5	43.2
	Syphilis	0.0	0.8	0.0	0.0	1.7	0.5
Tuberculosis							
	Active	2.5	2.5	2.5	2.5	2.5	2.5
Vaccine Preventables							
	Measles	0	0	0	0	0	0
	Mumps	0	0	0	0	0	0
	Pertussis	0.8	0.0	0.8	0.8	0.8	0.7
	Rubella	0	0	0	0	0	0
Vectorborne Disease							
	Lyme Disease	79.5	75.4	101.0	19.0	37.3**	62.5**
	West Nile Virus	0.0	0.0	0.8	0.0	0.0	0.2
	Babesiosis	0.0	0.0	0.8	0.0	0.0	0.2

**Drop in case numbers and rates in 2003-04 is due to a change in the reporting system. The data is not comparable to 1999 - 2002.

Naugatuck Valley Health District

Reported Infectious Diseases
District Wide Cases

Type	Disease	2000	2001	2002	2003	2004	5 year average
Enteric							
	Campylobacter	16	7	16	12	14	13
	Cryptosporidium	0	2	0	0	0	0
	Cyclospora	0	0	0	0	2	0
	E. coli O157and non-O157 STEC	7	2	1	2	1	3
	Giardia	9	5	9	12	12	9
	Hepatitis A	0	8	2	4	0	3
	Listeria	0	0	0	0	0	0
	Salmomella	14	14	8	13	15	13
	Shigella	0	1	4	1	0	1
	Vibrio	0	0	0	1	0	0
	Yersinia	0	0	1	0	0	0
STD							
	Chlamydia	123	127	181	189	165	157
	Gonorrhea	44	24	61	65	67	52
	Syphilis	0	1	0	0	2	0.6
Tuberculosis							
	Active	3	3	3	3	3	3
Vaccine Preventables							
	Measles	0	0	0	0	0	0
	Mumps	0	0	0	0	0	0
	Pertussis	1	0	1	1	1	1
	Rubella	0	0	0	0	0	0
Vectorborne Disease							
	Lyme Disease	96	91	122	23	45*	75.*
	West Nile Virus	0	0	1	0	0	0
	Babesiosis	0	0	1	0	0	0

*Drop in case numbers and rates in 2003-04 is due to a change in the reporting system. The data is not comparable to 1999 - 2002

Naugatuck Valley Health District

Cryptosporidium

Cases per year

	2000	2001	2002	2003	2004	5 year avg.
Ansonia	0	0	0	0	0	0
Beacon Falls	0	0	0	0	0	0
Derby	0	1	0	0	0	0
Naugatuck	0	1	0	0	0	0
Seymour	0	0	0	0	0	0
Shelton	0	0	0	0	0	0
NVHD	0	2	0	0	0	0
Statewide	29	17	16	21	31	23

ıtes per 100,000 Populatio

	2000	2001	2002	2003	2004	5 year avg.
Ansonia	0.0	0.0	0.0	0.0	0.0	0.0
Beacon Falls	0.0	0.0	0.0	0.0	0.0	0.0
Derby	0.0	8.1	0.0	0.0	0.0	0.0
Naugatuck	0.0	3.2	0.0	0.0	0.0	0.0
Seymour	0.0	0.0	0.0	0.0	0.0	0.0
Shelton	0.0	0.0	0.0	0.0	0.0	0.0
NVHD	0.0	1.7	0.0	0.0	0.0	0.3
Statewide	0.9	0.5	0.5	0.6	0.9	0.7

Data Source: Connecticut Department of Public Health Infectoius Disease Division
* Based on 2000 census data

Naugatuck Valley Health District

Campylobacter

Cases per year

	2000	2001	2002	2003	2004	5 year avg.
Ansonia	2	0	2	1	1	1
Beacon Falls	0	1	1	0	1	1
Derby	2	1	3	0	1	1
Naugatuck	3	3	3	4	8	4
Seymour	2	0	2	0	0	1
Shelton	7	2	5	7	3	5
NVHD	16	7	16	12	14	13
Statewide	586	495	542	543	585	550

Rates per 100,000 Population*

	2000	2001	2002	2003	2004	5 year avg.
Ansonia	10.8	0.0	10.8	5.4	5.4	6.5
Beacon Falls	0.0	19.1	19.1	0.0	19.1	11.4
Derby	16.1	8.1	24.2	0.0	8.1	11.3
Naugatuck	9.7	9.7	9.7	12.9	25.8	13.6
Seymour	12.9	0.0	12.9	0.0	0.0	5.2
Shelton	18.4	5.2	13.1	18.4	7.9	12.6
NVHD	13.3	5.8	13.3	9.9	11.6	10.8
Statewide	17.2	14.5	15.9	15.9	17.2	16.2

Data Source: Connecticut Department of Public Health Infectoius Disease Division
* Based on 2000 census data

Naugatuck Valley Health District

Cyclospora

Cases per year

	2000	2001	2002	2003	2004	5 year avg.
Ansonia	0	0	0	0	0	0
Beacon Falls	0	0	0	0	0	0
Derby	0	0	0	0	0	0
Naugatuck	0	0	0	0	0	0
Seymour	0	0	0	0	0	0
Shelton	0	0	0	0	2	0
NVHD	0	0	0	0	2	0
Statewide	2	4	7	4	7	5

Rates per 100,000 Population*

	2000	2001	2002	2003	2004	5 year avg.
Ansonia	0	0	0	0	0	0
Beacon Falls	0	0	0	0	0	0
Derby	0	0	0	0	0	0
Naugatuck	0	0	0	0	0	0
Seymour	0	0	0	0	0	0
Shelton	0	0	0	0	5.2	0
NVHD	0	0	0	0	1.7	0
Statewide	0.1	0.1	0.2	0.1	0.2	0.1

Data Source: Connecticut Department of Public Health Infectoius Disease Division
* Based on 2000 census data

Naugatuck Valley Health District

E. coli O157and non-O157 STEC

Cases per year

	2000	2001	2002	2003	2004	5 year avg.
Ansonia	1	0	0	0	1	0
Beacon Falls	0	0	0	0	0	0
Derby	0	0	0	1	0	0
Naugatuck	3	1	0	1	0	1
Seymour	2	0	0	0	0	0
Shelton	1	1	1	0	0	1
NVHD	7	2	1	2	1	3
Statewide	97	64	63	67	54	69

tes per 100,000 Populati

	2000	2001	2002	2003	2004	5 year avg.
Ansonia	5.4	0.0	0.0	0.0	5.4	2.2
Beacon Falls	0.0	0.0	0.0	0.0	0.0	0.0
Derby	0.0	0.0	0.0	8.1	0.0	1.6
Naugatuck	9.7	3.2	0.0	3.2	0.0	3.2
Seymour	12.9	0.0	0.0	0.0	0.0	2.6
Shelton	2.6	2.6	2.6	0.0	0.0	1.6
NVHD	5.8	1.7	0.8	1.7	0.8	2.2
Statewide	2.8	1.9	1.8	2	1.6	2

Data Source: Connecticut Department of Public Health Infectoius Disease Division
* Based on 2000 census data

Naugatuck Valley Health District

Giardia

Cases per year

	2000	2001	2002	2003	2004	5 year avg.
Ansonia	0	1	2	0	4	1
Beacon Falls	0	0	0	1	1	0
Derby	0	0	1	1	0	0
Naugatuck	2	2	2	4	1	2
Seymour	3	0	2	0	1	1
Shelton	4	2	2	6	5	4
NVHD	9	5	9	12	12	9
Statewide	455	428	362	360	493	420

Rates per 100,000 Population*

	2000	2001	2002	2003	2004	5 year avg.
Ansonia	0.0	5.4	10.8	0.0	21.6	7.5
Beacon Falls	0.0	0.0	0.0	19.1	19.1	7.6
Derby	0.0	0.0	8.1	8.1	0.0	3.2
Naugatuck	6.5	6.5	6.5	12.9	3.2	7.1
Seymour	19.4	0.0	12.9	0.0	6.5	7.8
Shelton	10.5	5.2	5.2	15.7	13.1	10.0
NVHD	7.5	4.1	7.5	9.9	9.9	7.8
Statewide	13.4	12.6	10.6	10.6	14.5	12.3

Data Source: Connecticut Department of Public Health Infectoius Disease Division
* Based on 2000 census data

Naugatuck Valley Health District

Hepatitis A

Cases per year

	2000	2001	2002	2003	2004	5 year avg.
Ansonia	0	3	0	1	0	1
Beacon Falls	0	1	0	0	0	0
Derby	0	0	0	1	0	0
Naugatuck	0	1	0	0	0	0
Seymour	0	1	0	1	0	0
Shelton	0	2	2	1	0	1
NVHD	0	8	2	4	0	3
Statewide	178	240	85	90	72	133

Rates per 100,000 Population*

	2000	2001	2002	2003	2004	5 year avg.
Ansonia	0.0	16.2	0.0	5.4	0.0	4.3
Beacon Falls	0.0	19.1	0.0	0.0	0.0	3.8
Derby	0.0	0.0	0.0	8.1	0.0	1.6
Naugatuck	0.0	3.2	0.0	0.0	0.0	0.6
Seymour	0.0	6.5	0.0	6.5	0.0	2.6
Shelton	0.0	5.2	5.2	2.6	0.0	2.6
NVHD	0.0	6.6	1.7	3.3	0.0	2.3
Statewide	5.2	7	2.5	2.6	2.1	3.9

Data Source: Connecticut Department of Public Health Infectoius Disease Division
* Based on 2000 census data

Naugatuck Valley Health District

Listeria

Cases per year

	2000	2001	2002	2003	2004	5 year avg.
Ansonia	0	0	0	0	0	0
Beacon Falls	0	0	0	0	0	0
Derby	0	0	0	0	0	0
Naugatuck	0	0	0	0	0	0
Seymour	0	0	0	0	0	0
Shelton	0	0	0	0	0	0
NVHD	0	0	0	0	0	0
Statewide	18	15	16	22	18	18

Rates per 100,000 Population*

	2000	2001	2002	2003	2004	5 year avg.
Ansonia	0.0	0.0	0.0	0.0	0.0	0.0
Beacon Falls	0.0	0.0	0.0	0.0	0.0	0.0
Derby	0.0	0.0	0.0	0.0	0.0	0.0
Naugatuck	0.0	0.0	0.0	0.0	0.0	0.0
Seymour	0.0	0.0	0.0	0.0	0.0	0.0
Shelton	0.0	0.0	0.0	0.0	0.0	0.0
NVHD	0.0	0.0	0.0	0.0	0.0	0.0
Statewide	0.5	0.4	0.5	0.6	0.5	0.5

Data Source: Connecticut Department of Public Health Infectoius Disease Division
* Based on 2000 census data

Naugatuck Valley Health District

Salmonella

Cases per year

	2000	2001	2002	2003	2004	5 year avg.
Ansonia	0	3	2	3	2	2
Beacon Falls	1	0	0	0	1	0
Derby	3	2	0	1	0	1
Naugatuck	4	4	3	3	1	3
Seymour	1	1	0	3	2	1
Shelton	5	4	3	3	9	5
NVHD	14	14	8	13	15	13
Statewide	418	453	456	401	462	438

Rates per 100,000 Population*

	2000	2001	2002	2003	2004	5 year avg.
Ansonia	0.0	16.2	10.8	16.2	10.8	10.8
Beacon Falls	19.1	0.0	0.0	0.0	19.1	7.6
Derby	24.2	16.1	0.0	8.1	0.0	9.7
Naugatuck	12.9	12.9	9.7	9.7	3.2	9.7
Seymour	6.5	6.5	0.0	19.4	12.9	9.1
Shelton	13.1	10.5	7.9	7.9	23.6	12.6
NVHD	11.6	11.6	6.6	10.8	12.4	10.6
Statewide	12.3	13.3	13.4	11.8	13.6	12.9

Data Source: Connecticut Department of Public Health Infectoius Disease Division
* Based on 2000 census data

Naugatuck Valley Health District

Shigella

Cases per year

	2000	2001	2002	2003	2004	5 year avg.
Ansonia	0	0	3	0	0	1
Beacon Falls	0	0	0	1	0	0
Derby	0	0	1	0	0	0
Naugatuck	0	1	0	0	0	0
Seymour	0	0	0	0	0	0
Shelton	0	0	0	0	0	0
NVHD	0	1	4	1	0	1
Statewide	69	60	104	70	68	74

Rates per 100,000 Population*

	2000	2001	2002	2003	2004	5 year avg.
Ansonia	0.0	0.0	16.2	0.0	0.0	3.2
Beacon Falls	0.0	0.0	0.0	19.1	0.0	3.8
Derby	0.0	0.0	8.1	0.0	0.0	1.6
Naugatuck	0.0	3.2	0.0	0.0	0.0	0.6
Seymour	0.0	0.0	0.0	0.0	0.0	0.0
Shelton	0.0	0.0	0.0	0.0	0.0	0.0
NVHD	0.0	0.8	3.3	0.8	0.0	1.0
Statewide	2.0	1.8	3.1	2.1	2.0	2.2

Data Source: Connecticut Department of Public Health Infectoius Disease Division
* Based on 2000 census data

Naugatuck Valley Health District

Vibrio

Cases per year

	2000	2001	2002	2003	2004	5 year avg.
Ansonia	0	0	0	0	0	0
Beacon Falls	0	0	0	1	0	0
Derby	0	0	0	0	0	0
Naugatuck	0	0	0	0	0	0
Seymour	0	0	0	0	0	0
Shelton	0	0	0	0	0	0
NVHD	0	0	0	1	0	0
Statewide	6	9	11	11	10	9

Rates per 100,000 Population*

	2000	2001	2002	2003	2004	5 year avg.
Ansonia	0.0	0.0	0.0	0.0	0.0	0.0
Beacon Falls	0.0	0.0	0.0	19.1	0.0	3.8
Derby	0.0	0.0	0.0	0.0	0.0	0.0
Naugatuck	0.0	0.0	0.0	0.0	0.0	0.0
Seymour	0.0	0.0	0.0	0.0	0.0	0.0
Shelton	0.0	0.0	0.0	0.0	0.0	0.0
NVHD	0.0	0.0	0.0	0.8	0.0	0.2
Statewide	0.2	0.3	0.3	0.3	0.3	0.3

Data Source: Connecticut Department of Public Health Infectoius Disease Division
* Based on 2000 census data

Naugatuck Valley Health District

Yersinia

Cases per year

	2000	2001	2002	2003	2004	5 year avg.
Ansonia	0	0	0	0	0	0
Beacon Falls	0	0	0	0	0	0
Derby	0	0	0	0	0	0
Naugatuck	0	0	0	0	0	0
Seymour	0	0	1	0	0	0
Shelton	0	0	0	0	0	0
NVHD	0	0	1	0	0	0
Statewide	13	9	16	16	19	15

Rates per 100,000 Population*

	2000	2001	2002	2003	2004	5 year avg.
Ansonia	0.0	0.0	0.0	0.0	0.0	0.0
Beacon Falls	0.0	0.0	0.0	0.0	0.0	0.0
Derby	0.0	0.0	0.0	0.0	0.0	0.0
Naugatuck	0.0	0.0	0.0	0.0	0.0	0.0
Seymour	0.0	0.0	6.5	0.0	0.0	1.3
Shelton	0.0	0.0	0.0	0.0	0.0	0.0
NVHD	0.0	0.0	0.8	0.0	0.0	0.2
Statewide	0.4	0.3	0.5	0.5	0.6	0.4

Data Source: Connecticut Department of Public Health Infectoius Disease Division
* Based on 2000 census data

Naugatuck Valley Health District

Chlamydia

Cases per year

	2000	2001	2002	2003	2004	5 year avg.
Ansonia	38	34	73	47	64	51
Beacon Falls	2	5	1	8	3	4
Derby	10	13	23	34	23	21
Naugatuck	31	44	40	48	41	41
Seymour	13	13	6	15	7	11
Shelton	29	18	38	37	27	30
NVHD	123	127	181	189	165	157
Statewide	7603	7738	10123	9057	9553	8815

Rates per 100,000 Population*

	2000	2001	2002	2003	2004	5 year avg.
Ansonia	204.8	183.2	393.4	253.3	344.9	276.0
Beacon Falls	38.1	95.3	19.1	152.5	57.2	72.4
Derby	80.7	104.9	185.6	274.4	185.6	166.2
Naugatuck	100.0	142.0	129.1	154.9	132.3	131.7
Seymour	84.1	84.1	38.8	97.1	45.3	69.9
Shelton	76.1	47.2	99.7	97.1	70.9	78.2
NVHD	101.9	105.2	149.9	156.5	136.7	130.0
Statewide	223.3	227.2	297.2	265.9	280.5	258.8

Data Source: Connecticut Department of Public Health Infectoius Disease Division
* Based on 2000 census data

Naugatuck Valley Health District

Gonorrhea

Cases per year

	2000	2001	2002	2003	2004	5 year avg.
Ansonia	25	9	14	22	21	18
Beacon Falls	0	0	0	1	2	1
Derby	7	2	8	12	10	8
Naugatuck	10	5	17	16	16	13
Seymour	1	3	1	1	3	2
Shelton	1	5	21	13	15	11
NVHD	44	24	61	65	67	52
Statewide	2769	2448	3172	2804	2586	2756

Rates per 100,000 Population*

	2000	2001	2002	2003	2004	5 year avg.
Ansonia	134.7	48.5	75.5	118.6	113.2	98.1
Beacon Falls	0.0	0.0	0.0	19.1	38.1	11.4
Derby	56.5	16.1	64.6	96.8	80.7	62.9
Naugatuck	32.3	16.1	54.9	51.6	51.6	41.3
Seymour	6.5	19.4	6.5	6.5	19.4	11.6
Shelton	2.6	13.1	55.1	34.1	39.4	28.9
NVHD	36.4	19.9	50.5	53.8	55.5	43.2
Statewide	81.3	71.9	93.1	82.3	75.9	80.9

Data Source: Connecticut Department of Public Health Infectoius Disease Division
* Based on 2000 census data

Naugatuck Valley Health District

Syphilis

Cases per year

	2000	2001	2002	2003	2004	5 year avg.
Ansonia	0	1	0	0	0	0
Beacon Falls	0	0	0	0	0	0
Derby	0	0	0	0	0	0
Naugatuck	0	0	0	0	0	0
Seymour	0	0	0	0	2	0
Shelton	0	0	0	0	0	0
NVHD	0	1	0	0	2	1
Statewide	24	32	40	43	61	40

Rates per 100,000 Population*

	2000	2001	2002	2003	2004	5 year avg.
Ansonia	0.0	5.4	0.0	0.0	0.0	1.1
Beacon Falls	0.0	0.0	0.0	0.0	0.0	0.0
Derby	0.0	0.0	0.0	0.0	0.0	0.0
Naugatuck	0.0	0.0	0.0	0.0	0.0	0.0
Seymour	0.0	0.0	0.0	0.0	12.9	2.6
Shelton	0.0	0.0	0.0	0.0	0.0	0.0
NVHD	0.0	0.8	0.0	0.0	1.7	0.5
Statewide	0.7	0.9	1.2	1.3	1.8	1.2

Data Source: Connecticut Department of Public Health Infectoius Disease Division
* Based on 2000 census data

Naugatuck Valley Health District

Active Tuberculosis

Cases per year

	2000	2001	2002	2003	2004	5 year avg.
Ansonia	0	0	1	1	2	1
Beacon Falls	0	0	0	0	0	0
Derby	0	1	0	0	0	0
Naugatuck	0	0	0	1	0	0
Seymour	0	0	1	0	0	0
Shelton	3	2	1	1	1	2
NVHD	3	3	3	3	3	3
Statewide	105	121	105	111	101	109

Rates per 100,000 Population*

	2000	2001	2002	2003	2004	5 year avg.
Ansonia	0.0	0.0	5.4	5.4	10.8	4.3
Beacon Falls	0.0	0.0	0.0	0.0	0.0	0.0
Derby	0.0	8.1	0.0	0.0	0.0	1.6
Naugatuck	0.0	0.0	0.0	3.2	0.0	0.6
Seymour	0.0	0.0	6.5	0.0	0.0	1.3
Shelton	7.9	5.2	2.6	2.6	2.6	4.2
NVHD	2.5	2.5	2.5	2.5	2.5	2.5
Statewide	3.1	3.6	3.1	3.3	3.0	3.2

Data Source: Connecticut Department of Public Health Infectoius Disease Division
* Based on 2000 census data

Naugatuck Valley Health District

Measles

Cases per year

	2000	2001	2002	2003	2004	5 year avg.
Ansonia	0	0	0	0	0	0
Beacon Falls	0	0	0	0	0	0
Derby	0	0	0	0	0	0
Naugatuck	0	0	0	0	0	0
Seymour	0	0	0	0	0	0
Shelton	0	0	0	0	0	0
NVHD	0	0	0	0	0	0
Statewide	0	1	0	0	0	0

Rates per 100,000 Population*

	2000	2001	2002	2003	2004	5 year avg.
Ansonia	0.0	0.0	0.0	0.0	0.0	0.0
Beacon Falls	0.0	0.0	0.0	0.0	0.0	0.0
Derby	0.0	0.0	0.0	0.0	0.0	0.0
Naugatuck	0.0	0.0	0.0	0.0	0.0	0.0
Seymour	0.0	0.0	0.0	0.0	0.0	0.0
Shelton	0.0	0.0	0.0	0.0	0.0	0.0
NVHD	0.0	0.0	0.0	0.0	0.0	0.0
Statewide	0.0	0.0	0.0	0.0	0.0	0.0

Data Source: Connecticut Department of Public Health Infectoius Disease Division
* Based on 2000 census data

Naugatuck Valley Health District

Mumps

Cases per year

	2000	2001	2002	2003	2004	5 year avg.
Ansonia	0	0	0	0	0	0
Beacon Falls	0	0	0	0	0	0
Derby	0	0	0	0	0	0
Naugatuck	0	0	0	0	0	0
Seymour	0	0	0	0	0	0
Shelton	0	0	0	0	0	0
NVHD	0	0	0	0	0	0
Statewide	3	0	1	1	0	1

Rates per 100,000 Population*

	2000	2001	2002	2003	2004	5 year avg.
Ansonia	0.0	0.0	0.0	0.0	0.0	0.0
Beacon Falls	0.0	0.0	0.0	0.0	0.0	0.0
Derby	0.0	0.0	0.0	0.0	0.0	0.0
Naugatuck	0.0	0.0	0.0	0.0	0.0	0.0
Seymour	0.0	0.0	0.0	0.0	0.0	0.0
Shelton	0.0	0.0	0.0	0.0	0.0	0.0
NVHD	0.0	0.0	0.0	0.0	0.0	0.0
Statewide	0.1	0.0	0.0	0.0	0.0	0.0

Data Source: Connecticut Department of Public Health Infectoius Disease Division
* Based on 2000 census data

Naugatuck Valley Health District

Pertiusis

Cases per year

	2000	2001	2002	2003	2004	5 year avg.
Ansonia	0	0	0	0	1	0
Beacon Falls	0	0	0	0	0	0
Derby	0	0	0	0	0	0
Naugatuck	0	0	0	1	0	0
Seymour	0	0	1	0	0	0
Shelton	1	0	0	0	0	0
NVHD	1	0	1	1	1	1
Statewide	54	24	30	77	66	50

Rates per 100,000 Population*

	2000	2001	2002	2003	2004	5 year avg.
Ansonia	0.0	0.0	0.0	0.0	5.4	1.1
Beacon Falls	0.0	0.0	0.0	0.0	0.0	0.0
Derby	0.0	0.0	0.0	0.0	0.0	0.0
Naugatuck	0.0	0.0	0.0	3.2	0.0	0.6
Seymour	0.0	0.0	6.5	0.0	0.0	1.3
Shelton	2.6	0.0	0.0	0.0	0.0	0.5
NVHD	0.8	0.0	0.8	0.8	0.8	0.7
Statewide	1.6	0.7	0.9	2.3	1.9	1.5

Data Source: Connecticut Department of Public Health Infectoius Disease Division
* Based on 2000 census data

Naugatuck Valley Health District

Rubella

Cases per year

	2000	2001	2002	2003	2004	5 year avg.
Ansonia	0	0	0	0	0	0
Beacon Falls	0	0	0	0	0	0
Derby	0	0	0	0	0	0
Naugatuck	0	0	0	0	0	0
Seymour	0	0	0	0	0	0
Shelton	0	0	0	0	0	0
NVHD	0	0	0	0	0	0
Statewide	1	0	0	0	0	0

Rates per 100,000 Population*

	2000	2001	2002	2003	2004	5 year avg.
Ansonia	0.0	0.0	0.0	0.0	0.0	0.0
Beacon Falls	0.0	0.0	0.0	0.0	0.0	0.0
Derby	0.0	0.0	0.0	0.0	0.0	0.0
Naugatuck	0.0	0.0	0.0	0.0	0.0	0.0
Seymour	0.0	0.0	0.0	0.0	0.0	0.0
Shelton	0.0	0.0	0.0	0.0	0.0	0.0
NVHD	0.0	0.0	0.0	0.0	0.0	0.0
Statewide	0.0	0.0	0.0	0.0	0.0	0.0

Data Source: Connecticut Department of Public Health Infectoius Disease Division
* Based on 2000 census data

Naugatuck Valley Health District

Lyme

Cases per year

	2000	2001	2002	3 year avg.(2000-02)	2003**	2004**	2 year avg. (2003-04)
Ansonia	10	4	19	11	1	0	0.5
Beacon Falls	4	8	12	8	0	2	1
Derby	6	8	11	8	2	4	3
Naugatuck	22	21	12	18	2	11	6.5
Seymour	13	12	23	16	3	6	4.5
Shelton	41	38	45	41	15	22	18.5
NVHD	96	91	122	103	23	45	34
Statewide	3773	3597	4631	4000	1403	1348	1375.5

Rates per 100,000 Population*

	2000	2001	2002	3 year avg.(2000-2)	2003**	2004**	2 year avg. (2003-04)
Ansonia	53.9	21.6	102.4	59.3	5.4	0.0	2.7
Beacon Falls	76.2	152.5	228.7	152.5	0.0	10.8	19.1
Derby	48.4	64.6	88.8	67.3	16.1	21.6	24.2
Naugatuck	71.0	67.8	38.7	59.2	6.5	59.3	21.0
Seymour	84.1	77.6	148.8	103.5	19.4	32.3	29.1
Shelton	107.6	99.7	118.1	108.5	39.4	118.6	48.6
NVHD	79.5	75.4	101.0	85.3	19.0	37.3	28.2
Statewide	110.8	105.6	136.0	86.6	41.2	39.6	40.4

**Drop in case numbers and rates in 2003-04 is due to a change in the reporting system. The data is not comparable to 1999 - 2002.

Data Source: Connecticut Department of Public Health Infectoius Disease Division
* Based on 2000 census data

Naugatuck Valley Health District

West Nile Virus

Cases per year

	2000	2001	2002	2003	2004	5 year avg.
Ansonia	0	0	1	0	0	0
Beacon Falls	0	0	0	0	0	0
Derby	0	0	0	0	0	0
Naugatuck	0	0	0	0	0	0
Seymour	0	0	0	0	0	0
Shelton	0	0	0	0	0	0
NVHD	0	0	1	0	0	0
Statewide	1	6	17	17	1	8

Rates per 100,000 Population*

	2000	2001	2002	2003	2004	5 year avg.
Ansonia	0.0	0.0	5.4	0.0	0.0	1.1
Beacon Falls	0.0	0.0	0.0	0.0	0.0	0.0
Derby	0.0	0.0	0.0	0.0	0.0	0.0
Naugatuck	0.0	0.0	0.0	0.0	0.0	0.0
Seymour	0.0	0.0	0.0	0.0	0.0	0.0
Shelton	0.0	0.0	0.0	0.0	0.0	0.0
NVHD	0.0	0.0	0.8	0.0	0.0	0.2
Statewide	0.0	0.2	0.5	0.5	0.0	0.2

Data Source: Connecticut Department of Public Health Infectoius Disease Division
* Based on 2000 census data

Naugatuck Valley Health District

Babesiosis

Cases per year

	2000	2001	2002	2003	2004**	5 year avg.
Ansonia	0	0	0	0	0	0
Beacon Falls	0	0	0	0	0	0
Derby	0	0	0	0	0	0
Naugatuck	0	0	0	0	0	0
Seymour	0	0	1	0	0	0
Shelton	0	0	0	0	0	0
NVHD	0	0	1	0	0	0
Statewide	71	56	69	79	39	63

Rates per 100,000 Population*

	2000	2001	2002	2003	2004**	5 year avg.
Ansonia	0.0	0.0	0.0	0.0	0.0	0.0
Beacon Falls	0.0	0.0	0.0	0.0	0.0	0.0
Derby	0.0	0.0	0.0	0.0	0.0	0.0
Naugatuck	0.0	0.0	0.0	0.0	0.0	0.0
Seymour	0.0	0.0	6.5	0.0	0.0	1.3
Shelton	0.0	0.0	0.0	0.0	0.0	0.0
NVHD	0.0	0.0	0.8	0.0	0.0	0.2
Statewide	2.1	1.6	2.0	2.3	1.1	1.8

Data Source: Connecticut Department of Public Health Infectoius Disease Division
* Based on 2000 census data
**Drop in case numbers and rates in 2003-04 is due to a change in the reporting system. The data is not comparable to 1999 - 2002.

Naugatuck Valley Health District

Hepatitis

Rates per 100,000 Population*

Hepatitis B**

	1999	2000	2001	2002	2003	5 year avg.
Ansonia	5.4	5.4	10.8	10.8	5.4	7.5
Beacon Falls	0.0	0.0	0.0	0.0	0.0	0.0
Derby	32.3	24.2	0.0	8.1	0.0	12.9
Naugatuck	6.5	3.2	3.2	9.7	6.5	5.8
Seymour	6.5	12.9	19.4	0.0	6.5	9.1
Shelton	5.2	7.9	5.2	5.2	15.7	7.9
NVHD	8.3	8.3	6.6	6.6	8.3	7.6
Statewide	8.8	10.0	10.1	11.8	10.8	10.3

Hepatitis B^

	Acute 2004	Chronic 2004***
Ansonia	0.0	16.2
Beacon Falls	0.0	0.0
Derby	0.0	32.3
Naugatuck	6.5	12.9
Seymour	6.5	0.0
Shelton	0.0	18.4
NVHD	2.5	14.9
Statewide	3.2	17.6

Hepatitis C

	2000	2001	2002	2003	2004	5 year avg.
Ansonia	183.2	210.2	215.6	113.2	107.8	166.0
Beacon Falls	57.2	95.3	209.7	152.5	95.3	122.0
Derby	121.1	177.5	161.4	209.8	96.8	153.3
Naugatuck	145.2	103.3	100.0	74.2	129.1	110.4
Seymour	116.5	168.2	142.4	32.4	64.7	104.8
Shelton	81.4	84.0	99.7	91.9	52.5	81.9
NVHD	120.9	129.2	134.2	97.7	52.5	114
Statewide	164.1	152.9	188.7	151.8	116.5	154.8

Data Source: Connecticut Department of Public Health Infectoius Disease Division
* Based on 2000 census data
**only acute men and HBsAg+ women entered in registry
^Hepatitis B statistics are not comparable to 1999-2003 data as cases are categorized as acute and chronic only
*** Chronic carrires

Naugatuck Valley Health District

Hepatitis

Cases per year

Hepatitis B**

	1999	2000	2001	2002	2003	5 year avg.
Ansonia	1	1	2	2	1	1
Beacon Falls	0	0	0	0	0	0
Derby	4	3	0	1	0	2
Naugatuck	2	1	1	3	2	2
Seymour	1	2	3	0	1	1
Shelton	2	3	2	2	6	3
NVHD	10	10	8	8	10	9
Statewide	298	342	344	402	369	351

Hepatitis B^

	Acute 2004	Chronic 2004***
Ansonia	0	3
Beacon Falls	0	0
Derby	0	4
Naugatuck	2	4
Seymour	1	0
Shelton	0	7
NVHD	3	18
Statewide	109	601

Hepatitis C

	2000	2001	2002	2003	2004	5 year avg.
Ansonia	34	39	40	21	20	31
Beacon Falls	3	5	11	8	5	6
Derby	15	22	20	26	12	19
Naugatuck	45	32	31	23	40	34
Seymour	18	26	22	5	10	16
Shelton	31	32	38	35	20	31
NVHD	146	156	162	118	107	138
Statewide	5589	5206	6428	5168	3967	5272

Data Source: Connecticut Department of Public Health Infectoius Disease Division
**only acute men and HBsAg+ women entered in registry
^Hepatitis B statistics are not comparable to 1999-2003 data as cases are categorized as acute and chronic only
*** Chronic Carriers

Naugatuck Valley Health District

HIV** Cases Reported by Town of Residence

	2004	Total^
Ansonia	1	3
Beacon Falls	0	0
Derby	3	4
Naugatuck	1	8
Seymour	2	3
Shelton	2	4
NVHD	9	22

**A person with HIV infection who has not developed AIDS
^HIV** data - 2004 and cumulative from January 1, 2002 through December 31, 2004
HIV became a reportable disease in Connecticut on January 1, 2002.

Data Source: Connecticut Department of Public Health, HIV/AIDS Surveillance Program

Naugatuck Valley Health District

AIDS Cases by Town and Year of Report through December 31, 2004

	1980-99	2000	2001	2002	2003	2004	Total
Ansonia	42	3	2	4	2	2	55
Beacon Falls	6	--	--	--	--	1	7
Derby	26	--	2	1	2	1	32
Naugatuck	40	2	5	3	2	4	56
Seymour	15	--	--	1	2	--	18
Shelton	21	2	--	1	5	2	31
NVHD	150	7	9	10	13	10	199
Statewide	10,714	575	552	594	696	672	13,803

Data Source: Connecticut Department of Public Health, HIV/AIDS Surveillance Program

Naugatuck Valley Health District

Births to Teenagers, Low Birthweight Births, and Prenatal Care Timing and Adequacy for the Health District by Mother's Race and Hispanic Ethnicity[a,b]

YEAR	Mother's Race/Ethnicity[f]	TOTAL BIRTHS*	BIRTHS TO TEENAGERS						LOW BIRTHWEIGHT BIRTHS				PRENATAL CARE							
			<15 yrs		<18 yrs		<20 yrs		Very Low BWT[c]		Low BWT[d]		TIMING (Late[e] or None)		ADEQUACY (APNCU Index) Non-adequate[h]		Adequate[h]		Intensive[h]	
			No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%
1999																				
	All Races	1,454	3	a	29	2.0	90	6.2	20	1.4	105	7.2	99	7.2	99	7.4	556	41.8	676	50.8
	White non-Hispanic	1,223	1	a	17	1.4	57	4.7	16	1.3	79	6.5	65	5.6	73	6.5	477	42.2	579	51.3
	Black non-Hispanic	73	-	a	5	6.8	15	20.5	2	a	10	13.7	12	18.8	9	15.3	22	37.3	28	47.5
	Other non-Hispanic	46	-	a	-	a	2	a	-	a	3	a	6	13.6	3	a	18	43.9	20	48.8
	Hispanic	86	-	a	4	a	13	15.1	-	a	10	11.6	13	16.0	12	15.6	30	39.0	35	45.5
2000	All Races	1,434	2	a	27	1.9	85	5.9	15	1.0	121	8.5	97	7.1	108	8.1	494	37.0	733	54.9
	White non-Hispanic	1,169	1	a	14	1.2	50	4.3	8	0.7	92	7.9	68	6.1	77	7.1	410	37.5	605	55.4
	Black non-Hispanic	67	-	a	4	a	11	16.4	3	a	14	20.9	9	14.1	8	13.6	17	28.8	34	57.6
	Other non-Hispanic	66	1	a	1	a	2	a	1	a	4	a	5	7.9	8	12.7	27	42.9	28	44.4
	Hispanic	100	-	a	8	8.0	20	20.0	-	a	7	7.0	11	11.6	12	12.9	33	35.5	48	51.6
2001	All Races	1,462	1	a	16	1.1	73	5.0	21	1.4	105	7.2	106	7.4	88	6.3	562	40.5	737	53.1
	White non-Hispanic	1,200	-	a	12	1.0	49	4.1	14	1.2	77	6.4	79	6.7	73	6.3	465	40.4	612	53.2
	Black non-Hispanic	65	1	a	2	a	13	20.0	4	a	13	20.0	11	17.5	4	a	19	33.9	33	58.9
	Other non-Hispanic	67	-	a	-	a	1	a	-	a	5	7.5	2	a	1	a	33	53.2	28	45.2
	Hispanic	117	-	a	1	a	7	6.0	3	a	10	8.5	13	11.4	10	9.3	42	39.3	55	51.4

Adequacy of Prenatal Care Utilization Index. The Adequacy of Prenatal Care Utilization (APNCU)Index characterizes prenatal care utilization based on two independent dimensions – time of initiation of prenatal care, and number of prenatal care visits after care has begun. The APNCU Index classifies prenatal care utilization by comparing the actual number of prenatal care visits to the expected number of visits. The expected number of visits is the of Obstetricians and Gynecologyists (ACOG), adjusted for the length of gestation. The ACOG recommendations for a full-term (40-wk) pregnancy without complications are: one visit every 4 weeks for the first 28 weeks; one visit every 2-3 weeks until 36 weeks ; and weekly visits for the rest of the pregnancy. When prenatal care begins by the fourth month of pregnancy, the care is considered intensive if actual vists are 110% or more of expected visits , adequate if the actual-to-expected ratio is 80-109%, intermediate with an actual-to-expected ratio of 50-79%, and inadequate with an actual-to expected ratio of less than 50%. In cases where prenatal care begins after the fourth month of gestation the care is termed inadequate regardless of the total number of visits.

Summary of APNCU Index Categories

Category Timing of Initiation of Care Number of Visits

Intensive Prenatal care initiated in first 4 months *and* 110% or more of expected visits received

Adequate Prenatal care initiated in first 4 months *and* 80% to 109% of expected visits received

Intermediate Prenatal care initiated in first 4 months *and* 50% to 79% of expected visits received

Inadequate Prenatal care initiated in month 5 or later *or* less than 50% of expected visits received

Data Source: Connecticut Department of Public Health

State of Connecticut

Births to Teenagers, Low Birthweight Births, and Prenatal Care Timing and Adequacy
for the Health District by Mother's Race and Hispanic Ethnicity[a,b]

YEAR	Mother's Race/Ethnicity[f]	TOTAL BIRTHS	BIRTHS TO TEENAGERS <15 yrs No.	<15 yrs %	<18 yrs No.	<18 yrs %	<20 yrs No.	<20 yrs %	LOW BIRTHWEIGHT BIRTHS Very Low BWT No.	Very Low BWT %	Low BWT[d] No.	Low BWT %	PRENATAL CARE TIMING (Late[e] or None) No.	TIMING %	ADEQUACY (APNCU Index) Non-adequate[h] No.	Non-adequate %	Adequate[h] No.	Adequate %	Intensive[h] No.	Intensive %
1999																				
	All Races	43,299	49	0.1	1,241	2.9	3,433	7.9	698	1.6	3,275	7.6	4,479	10.8	5,308	13.3	17,909	44.9	16,683	41.8
	White non-Hispanic	27,449	2	a	308	1.1	1,129	4.1	326	1.2	1,710	6.2	1,828	6.8	2,667	10.2	12,060	46.3	11,331	43.5
	Black non-Hispanic	4,890	17	0.3	304	6.2	778	15.9	175	3.6	660	13.5	843	18.5	784	19.0	1,723	41.7	1,625	39.3
	Other non-Hispanic	1,619	1	a	21	1.3	57	3.5	11	0.7	127	7.8	203	13.1	237	15.9	695	46.6	561	37.6
	Unknown non-Hispanic	162	-	a	8	4.9	20	12.3	6	3.8	22	13.8	21	13.8	27	18.6	66	45.5	52	35.9
	Hispanic	6,334	23	0.4	553	8.7	1,328	21.0	129	2.0	574	9.1	1,312	21.7	1,259	22.4	2,280	40.5	2,089	37.1
2000	All Races	43,075	66	0.2	1,144	2.7	3,350	7.8	691	1.6	3,185	7.5	4,385	10.6	5,324	13.4	18,050	45.3	16,461	41.3
	White non-Hispanic	28,033	8	0.0	272	1.0	1,072	3.8	335	1.2	1,786	6.4	1,891	6.9	2,797	10.4	12,380	46.2	11,610	43.3
	Black non-Hispanic	4,842	20	0.4	293	6.1	800	16.5	182	3.8	587	12.1	771	17.2	763	18.5	1,837	44.5	1,525	37.0
	Other non-Hispanic	1,923	3	a	21	1.1	59	3.1	17	0.9	136	7.1	220	12.0	282	15.8	866	48.5	639	35.8
	Unknown non-Hispanic	211	2	a	15	7.1	40	19.0	6	2.8	21	10.0	45	22.4	35	18.4	63	33.2	92	48.4
	Hispanic	6,478	30	0.5	503	7.8	1,288	19.9	129	2.0	561	8.7	1,260	20.5	1,265	21.8	2,392	41.3	2,136	36.9
2001	All Races	42,659	63	0.1	1,067	2.5	3,142	7.4	649	1.5	3,139	7.4	4,655	11.2	5,857	14.4	18,383	45.3	16,310	40.2
	White non-Hispanic	27,891	3	a	265	1.0	1,026	3.7	325	1.2	1,764	6.3	2,054	7.5	3,177	11.7	12,677	46.9	11,196	41.4
	Black non-Hispanic	4,835	18	0.4	260	5.4	726	15.0	179	3.7	601	12.4	825	17.7	843	19.0	1,832	41.3	1,756	39.6
	Other non-Hispanic	1,951	-	a	22	1.1	73	3.7	20	1.0	160	8.2	247	12.9	323	17.2	829	44.1	729	38.8
	Unknown non-Hispanic	207	-	a	12	5.8	22	10.6	1	a	14	6.8	31	15.6	41	20.8	81	41.1	75	38.1
	Hispanic	6,883	42	0.6	496	7.2	1,257	18.3	114	1.7	559	8.1	1,417	21.2	1,389	21.6	2,724	42.4	2,308	35.9

Data Source and Notes at end of section

Naugatuck Valley Health District

Ansonia

Births to Teenagers, Low Birthweight Births, and Prenatal Care Timing and Adequacy
by Mother's Race and Hispanic Ethnicity [a,b]

YEAR	Mother's Race/Ethnicity[f]	TOTAL BIRTHS	BIRTHS TO TEENAGERS <15 yrs No.	<15 yrs %	<18 yrs No.	<18 yrs %	<20 yrs No.	<20 yrs %	LOW BIRTHWEIGHT BIRTHS Very Low BWT[c] No.	Very Low BWT[c] %	Low BWT[d] No.	Low BWT[d] %	PRENATAL CARE TIMING (Late[e] or None) No.	TIMING (Late[e] or None) %	ADEQUACY (APNCU Index) Non-adequate[h] No.	Non-adequate[h] %	Adequate[h] No.	Adequate[h] %	Intensive[h] No.	Intensive[h] %
1999	All Races	249	3	a	9	3.6	26	10.4	7	2.8	27	10.8	17	7.2	16	7.1	86	38.1	124	54.9
	White non-Hispanic	180	1	a	3	a	11	6.1	5	2.8	19	10.6	8	4.6	6	3.6	64	38.3	97	58.1
	Black non-Hispanic	39	-	a	3	a	9	23.1	2	a	6	15.4	7	21.2	6	20.0	9	30.0	15	50.0
	Other non-Hispanic	4	-	a	-	a	-	a	-	a	-	a	-	a	-	a	2	-	2	a
	Hispanic	23	-	a	1	a	4	a	-	a	1	a	2	a	4	a	10	45.5	8	36.4
2000	All Races	252	1	a	10	4.0	25	9.9	7	2.8	30	11.9	28	11.8	21	9.1	81	34.9	130	56.0
	White non-Hispanic	175	-	a	3	a	11	6.3	4	a	16	9.1	17	10.4	14	8.7	61	37.9	86	53.4
	Black non-Hispanic	37	-	a	3	a	7	18.9	3	a	10	27.0	5	14.3	5	15.2	8	24.2	20	60.6
	Other non-Hispanic	7	1	a	1	a	1	a	-	a	-	a	1	a	-	a	5	83.3	1	-
	Hispanic	25	-	a	3	a	6	24.0	-	a	3	a	2	a	-	a	7	29.2	17	70.8
2001	All Races	247	1	a	6	2.4	20	8.1	10	4.0	25	10.1	27	11.0	18	7.9	86	37.6	125	54.6
	White non-Hispanic	173	-	a	2	a	8	4.6	6	3.5	15	8.7	17	9.8	13	8.0	60	36.8	90	55.2
	Black non-Hispanic	34	1	a	2	a	8	23.5	4	a	7	20.6	5	15.6	3	a	12	42.9	13	46.4
	Other non-Hispanic	8	-	a	-	a	-	a	-	a	1	a	-	a	-	a	3	a	4	57.1
	Hispanic	29	-	a	1	a	3	a	-	a	2	a	4	a	2	a	9	32.1	17	60.7

Data Source and Notes at end of section

Naugatuck Valley Health District

Beacon Falls

Births to Teenagers, Low Birthweight Births, and Prenatal Care Timing and Adequacy
by Mother's Race and Hispanic Ethnicity[a,b]

YEAR	Mother's Race/Ethnicity[f]	TOTAL BIRTHS	BIRTHS TO TEENAGERS						LOW BIRTHWEIGHT BIRTHS				PRENATAL CARE							
			<15 yrs		<18 yrs		<20 yrs		Very Low BWT[c]		Low BWT[d]		TIMING (Late[e] or None)		ADEQUACY (APNCU Index) Non-adequate[h]		Adequate[h]		Intensive[h]	
			No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%
1999	All Races	57	-	a	-	a	2	a	-	a	3	a	3	a	4	a	27	47.4	26	45.6
	White non-Hispanic	53	-	a	-	a	2	a	-	a	3	a	3	a	4	a	23	43.4	26	49.1
	Black non-Hispanic	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
	Other non-Hispanic	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
	Hispanic	3	-	a	-	a	-	a	-	a	-	a	-	a	-	a	3	a	-	a
2000	All Races	64	-	a	-	a	-	a	2	a	7	10.9	1	a	3	a	27	45.8	29	49.2
	White non-Hispanic	56	-	a	-	a	-	a	1	a	6	10.7	1	a	3	a	22	43.1	26	51.0
	Black non-Hispanic	1	-	a	-	a	-	a	-	a	-	a	-	a	-	a	1	a	-	a
	Other non-Hispanic	1	-	a	-	a	-	a	-	a	-	a	-	a	-	a	1	a	-	a
	Hispanic	3	-	a	-	a	-	a	-	a	-	a	-	a	-	a	2	-	1	-
2001	All Races	72	-	a	1	a	3	a	-	a	2	a	1	a	2	a	35	50.0	33	47.1
	White non-Hispanic	68	-	a	1	a	3	a	-	a	2	a	1	a	2	a	35	53.0	29	43.9
	Black non-Hispanic	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
	Other non-Hispanic	1	-	a	-	a	-	a	-	a	-	a	-	a	-	a	-	a	1	-
	Hispanic	3	-	a	-	a	-	a	-	a	-	a	-	a	-	a	-	a	3	a

Data Source and Notes at end of section

Naugatuck Valley Health District

Derby

Births to Teenagers, Low Birthweight Births, and Prenatal Care Timing and Adequacy
by Mother's Race and Hispanic Ethnicity[a,b]

YEAR	Mother's Race/Ethnicity[f]	TOTAL BIRTHS	BIRTHS TO TEENAGERS						LOW BIRTHWEIGHT BIRTHS				PRENATAL CARE							
			<15 yrs		<18 yrs		<20 yrs		Very Low BWT[c]		Low BWT[d]		TIMING (Late[e] or None)		ADEQUACY (APNCU Index) Non-adequate[h]		Adequate[h]		Intensive[h]	
			No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%
1999	All Races	150	-	a	5	3.3	10	6.7	1	a	8	5.3	20	14.1	13	9.5	46	33.6	78	56.9
	White non-Hispanic	115	-	a	4	a	7	6.1	1	a	5	4.3	10	9.1	10	9.3	37	34.6	60	56.1
	Black non-Hispanic	11	-	a	-	a	1	a	-	a	2	a	2	a	-	a	2	-	5	71.4
	Other non-Hispanic	6	-	a	-	a	-	a	-	a	-	a	1	a	1	a	2	-	3	a
	Hispanic	15	-	a	1	a	2	a	-	a	1	a	7	46.7	2	a	3	a	9	64.3
2000	All Races	159	-	a	4	a	16	10.1	3	a	13	8.2	6	3.9	7	4.8	38	26.2	100	69.0
	White non-Hispanic	125	-	a	2	a	9	7.2	3	a	12	9.6	5	4.2	5	4.4	30	26.5	78	69.0
	Black non-Hispanic	8	-	a	-	a	2	a	-	a	1	a	-	a	-	a	1	a	6	85.7
	Other non-Hispanic	5	-	a	-	a	-	a	-	a	-	a	-	a	-	a	2	-	3	a
	Hispanic	17	-	a	2	a	5	29.4	-	a	-	a	1	a	2	a	4	a	10	62.5
2001	All Races	153	-	a	1	a	9	5.9	2	a	14	9.2	12	8.1	11	7.8	53	37.6	77	54.6
	White non-Hispanic	114	-	a	1	a	5	4.4	-	a	6	5.3	9	8.1	9	8.4	45	42.1	53	49.5
	Black non-Hispanic	11	-	a	-	a	2	a	-	a	3	a	3	a	-	a	-	a	11	100.0
	Other non-Hispanic	5	-	a	-	a	-	a	-	a	-	a	-	a	-	a	1	a	4	80.0
	Hispanic	21	-	a	-	a	1	a	2	a	5	23.8	-	a	2	a	6	37.5	8	50.0

Data Source and Notes at end of section

Naugatuck Valley Health District

Naugatuck

Births to Teenagers, Low Birthweight Births, and Prenatal Care Timing and Adequacy
by Mother's Race and Hispanic Ethnicity[a,b]

YEAR	Mother's Race/Ethnicity[f]	TOTAL BIRTHS	BIRTHS TO TEENAGERS						LOW BIRTHWEIGHT BIRTHS				PRENATAL CARE							
			<15 yrs		<18 yrs		<20 yrs		Very Low BWT[c]		Low BWT[d]		TIMING (Late[e] or None)		ADEQUACY (APNCU Index) Non-adequate[h]		Adequate[h]		Intensive[h]	
			No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%
1999	All Races	398	-	a	7	1.8	25	6.3	8	2.0	28	7.0	37	9.6	38	10.1	170	45.1	169	44.8
	White non-Hispanic	331	-	a	4	a	15	4.5	6	1.8	19	5.7	26	8.0	30	9.5	147	46.4	140	44.2
	Black non-Hispanic	16	-	a	1	a	3	a	-	a	-	a	2	a	2	a	10	62.5	4	25.0
	Other non-Hispanic	13	-	a	-	a	-	a	-	a	2	a	3	a	1	a	3	a	7	63.6
	Hispanic	32	-	a	2	a	7	21.9	-	a	5	15.6	3	a	4	a	9	33.3	14	51.9
2000	All Races	372	-	a	5	1.3	26	7.0	2	a	33	8.9	34	9.4	37	10.5	147	41.5	170	48.0
	White non-Hispanic	305	-	a	3	a	17	5.6	-	a	26	8.5	24	8.1	23	7.8	121	41.3	149	50.9
	Black non-Hispanic	14	-	a	-	a	1	a	-	a	3	a	2	a	3	a	5	41.7	4	33.3
	Other non-Hispanic	20	-	a	-	a	-	a	-	a	1	a	3	a	6	30.0	7	35.0	7	35.0
	Hispanic	25	-	a	2	a	6	24.0	-	a	1	a	4	a	4	a	13	56.5	6	26.1
2001	All Races	380	-	a	4	a	20	5.3	5	1.3	31	8.2	26	7.0	25	6.9	151	41.9	184	51.1
	White non-Hispanic	307	-	a	4	a	16	5.2	4	a	26	8.5	20	6.7	22	7.5	117	39.9	154	52.6
	Black non-Hispanic	13	-	a	-	a	1	a	-	a	2	a	-	a	-	a	5	45.5	6	54.5
	Other non-Hispanic	16	-	a	-	a	-	a	-	a	-	a	-	a	-	a	10	62.5	6	37.5
	Hispanic	41	-	a	-	a	2	a	1	a	3	a	6	15.0	3	a	19	51.4	15	40.5

Data Source and Notes at end of section

Naugatuck Valley Health District

Seymour

Births to Teenagers, Low Birthweight Births, and Prenatal Care Timing and Adequacy
by Mother's Race and Hispanic Ethnicity[a,b]

YEAR	Mother's Race/Ethnicity[f]	TOTAL BIRTHS	BIRTHS TO TEENAGERS						LOW BIRTHWEIGHT BIRTHS				PRENATAL CARE							
			<15 yrs		<18 yrs		<20 yrs		Very Low BWT[c]		Low BWT[d]		TIMING (Late[e] or None)		ADEQUACY (APNCU Index) Non-adequate[h]		Adequate[h]		Intensive[h]	
			No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%
1999	All Races	163	-	a	3	a	11	6.7	-	a	8	4.9	10	6.5	10	6.7	65	43.6	74	49.7
	White non-Hispanic	148	-	a	1	a	8	5.4	-	a	8	5.4	7	5.0	9	6.6	62	45.6	65	47.8
	Black non-Hispanic	2	-	a	1	a	1	a	-	a	-	a	1	a	-	a	-	a	1	-
	Other non-Hispanic	8	-	a	-	a	1	a	-	a	-	a	2	a	1	a	2	-	4	57.1
	Hispanic	1	-	a	-	a	-	a	-	a	-	a	-	a	-	a	-	a	1	-
2000	All Races	175	-	a	1	a	6	3.4	-	a	14	8.1	8	4.8	10	6.1	52	31.5	103	62.4
	White non-Hispanic	148	-	a	1	a	4	a	-	a	11	7.4	7	4.9	9	6.4	43	30.5	89	63.1
	Black non-Hispanic	5	-	a	-	a	-	a	-	a	-	a	1	a	-	a	2	-	3	a
	Other non-Hispanic	12	-	a	-	a	1	a	-	a	2	a	-	a	-	a	4	a	8	66.7
	Hispanic	6	-	a	-	a	1	a	-	a	1	a	-	a	1	a	1	a	3	a
2001	All Races	192	-	a	1	a	9	4.7	-	a	5	2.6	14	7.5	11	6.1	76	42.2	93	51.7
	White non-Hispanic	165	-	a	1	a	7	4.2	-	a	4	a	13	8.1	9	5.7	62	39.5	86	54.8
	Black non-Hispanic	3	-	a	-	a	1	a	-	a	-	a	-	a	1	a	1	a	1	-
	Other non-Hispanic	19	-	a	-	a	1	a	-	a	1	a	1	a	1	a	10	66.7	4	26.7
	Hispanic	3	-	a	-	a	-	a	-	a	-	a	-	a	-	a	3	a	-	a

Data Source and Notes at end of section

Naugatuck Valley Health District

Shelton

Births to Teenagers, Low Birthweight Births, and Prenatal Care Timing and Adequacy
by Mother's Race and Hispanic Ethnicity[a,b]

YEAR	Mother's Race/Ethnicity[f]	TOTAL BIRTHS	BIRTHS TO TEENAGERS						LOW BIRTHWEIGHT BIRTHS				PRENATAL CARE							
			<15 yrs		<18 yrs		<20 yrs		Very Low BWT[c]		Low BWT[d]		TIMING (Late[e] or None)		ADEQUACY (APNCU Index) Non-adequate[h]		Adequate[h]		Intensive[h]	
			No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%
1999	All Races	437	-	a	5	1.1	16	3.7	4	a	31	7.1	12	3.0	18	4.7	162	42.1	205	53.2
	White non-Hispanic	396	-	a	5	1.3	14	3.5	4	a	25	6.3	11	3.0	14	4.0	144	41.3	191	54.7
	Black non-Hispanic	5	-	a	-	a	1	a	-	a	2	a	-	a	1	a	1	a	3	a
	Other non-Hispanic	15	-	a	-	a	1	a	-	a	1	a	-	a	-	a	9	69.2	4	30.8
	Hispanic	12	-	a	-	a	-	a	-	a	3	a	1	a	2	a	5	50.0	3	a
2000	All Races	412	1	a	7	1.7	12	2.9	1	a	24	5.8	20	5.2	30	7.9	149	39.2	201	52.9
	White non-Hispanic	360	1	a	5	1.4	9	2.5	-	a	21	5.8	14	4.1	23	6.9	133	39.9	177	53.2
	Black non-Hispanic	2	-	a	1	a	1	a	-	a	-	a	1	a	-	a	-	a	1	-
	Other non-Hispanic	21	-	a	-	a	-	a	1	a	1	a	1	a	2	a	8	42.1	9	47.4
	Hispanic	24	-	a	1	a	2	a	-	a	2	a	4	a	5	22.7	6	27.3	11	50.0
2001	All Races	418	-	a	3	a	12	2.9	4	a	28	6.7	26	6.3	21	5.2	161	39.6	225	55.3
	White non-Hispanic	373	-	a	3	a	10	2.7	4	a	24	6.4	19	5.1	18	4.9	146	40.1	200	54.9
	Black non-Hispanic	4	-	a	-	a	1	a	-	a	1	a	3	a	-	a	1	a	2	a
	Other non-Hispanic	18	-	a	-	a	-	a	-	a	3	a	1	a	-	a	9	50.0	9	50.0
	Hispanic	20	-	a	-	a	1	a	-	a	-	a	3	a	3	a	5	25.0	12	60.0

Data Source and Notes at end of section

CONNECTICUT RESIDENT INFANT, NEONATAL, AND POSTNEONATAL DEATHS AND RATES

Deaths by Infant's Race and Ethnicity for Naugatuck Valley Health District and Connecticut

YEAR	GEOGRAPHIC AREA	INFANT DEATHS [b] (1-364 DAYS)					NEONATAL DEATHS [b] (1-27 DAYS)					POSTNEONATAL DEATHS [b] (28-364 DAYS)				
		INFANT'S RACE/ETHNICITY [i]					INFANT'S RACE/ETHNICITY [i]					INFANT'S RACE/ETHNICITY [i]				
		RACE					RACE					RACE				
		ALL RACES	WHITE	BLACK	OTHER RACES	HIS-PANIC	ALL RACES	WHITE	BLACK	OTHER RACES	HIS-PANIC	ALL RACES	WHITE	BLACK	OTHER RACES	HIS-PANIC
1999	Naugatuck Valley	8	7	1	-	-	6	5	1	-	-	2	2	-	-	-
	Connecticut	264	201	56	4	49	206	156	45	2	37	58	45	11	2	12
2000	Naugatuck Valley	3	3	-	-	-	2	2	-	-	-	1	1	-	-	-
	CONNECTICUT	283	198	76	6	60	214	154	52	6	48	69	44	24	-	12
2001	Naugatuck Valley	11	7	3	-	1	10	6	3	-	1	1	1	-	-	-
	CONNECTICUT	259	160	83	6	43	193	120	60	5	31	66	40	23	1	12

YEAR	GEOGRAPHIC AREA	Total		Neonatal		Postneonatal	
		Number	Rate [j]	Number	Rate [j]	Number	Rate [j]
1999	Naugatuck Valley	8	5.5	6	4.1	2	a
	Connecticut	264	6.1	206	4.8	58	1.3
2000	Naugatuck Valley	3	a	2	a	1	a
	CONNECTICUT	283	6.6	214	5.0	69	1.6
2001	Naugatuck Valley	11	7.5	10	6.8	1	a
	CONNECTICUT	259	6.1	193	4.5	66	1.5

Data Source and Notes at end of section

CONNECTICUT RESIDENT INFANT, NEONATAL, AND POSTNEONATAL DEATHS

Deaths by Infant's Race and Ethnicity for

Ansonia

Year	INFANT DEATHS [b] (1-364 DAYS)					NEONATAL DEATHS [b] (1-27 DAYS)					POSTNEONATAL DEATHS [b] (28-364 DAYS)				
	INFANT'S RACE/ETHNICITY [i]					INFANT'S RACE/ETHNICITY [i]					INFANT'S RACE/ETHNICITY [i]				
	RACE					RACE					RACE				
	ALL RACES	WHITE	BLACK	OTHER RACES	HISPANIC	ALL RACES	WHITE	BLACK	OTHER RACES	HISPANIC	ALL RACES	WHITE	BLACK	OTHER RACES	HISPANIC
1999	4	3	1	-	-	3	2	1	-	-	1	1	-	-	-
2000	1	1	-	-	-	1	1	-	-	-	-	-	-	-	-
2001	4	1	3	-	-	4	1	3	-	-	-	-	-	-	-

Data Source and Notes at end of section

CONNECTICUT RESIDENT INFANT, NEONATAL, AND POSTNEONATAL DEATHS

Deaths by Infant's Race and Ethnicityfor

Beacon Falls

Year	INFANT DEATHS[b] (1-364 DAYS)					NEONATAL DEATHS[b] (1-27 DAYS)					POSTNEONATAL DEATHS[b] (28-364 DAYS)				
	INFANT'S RACE/ETHNICITY[l]					INFANT'S RACE/ETHNICITY[l]					INFANT'S RACE/ETHNICITY[l]				
	RACE					RACE					RACE				
	ALL RACES	WHITE	BLACK	OTHER RACES	HISPANIC	ALL RACES	WHITE	BLACK	OTHER RACES	HISPANIC	ALL RACES	WHITE	BLACK	OTHER RACES	HISPANIC
1999	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
2000	1	1	-	-	-	-	-	-	-	-	1	1	-	-	-
2001	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-

Data Source and Notes at end of section

CONNECTICUT RESIDENT INFANT, NEONATAL, AND POSTNEONATAL DEATHS

Deaths by Infant's Race and Ethnicity for

Derby

Year	INFANT DEATHS [b] (1-364 DAYS)					NEONATAL DEATHS [b] (1-27 DAYS)					POSTNEONATAL DEATHS [b] (28-364 DAYS)				
	INFANT'S RACE/ETHNICITY [i]					INFANT'S RACE/ETHNICITY [i]					INFANT'S RACE/ETHNICITY [i]				
	RACE					RACE					RACE				
	ALL RACES	WHITE	BLACK	OTHER RACES	HISPANIC	ALL RACES	WHITE	BLACK	OTHER RACES	HISPANIC	ALL RACES	WHITE	BLACK	OTHER RACES	HISPANIC
1999	1	1	-	-	-	-	-	-	-	-	1	1	-	-	-
2000	1	1	-	-	-	1	1	-	-	-	-	-	-	-	-
2001	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-

Data Source and Notes at end of section

CONNECTICUT RESIDENT INFANT, NEONATAL, AND POSTNEONATAL DEATHS

Deaths by Infant's Race and Ethnicity for

Naugatuck

Year	INFANT DEATHS [b] (1-364 DAYS)					NEONATAL DEATHS [b] (1-27 DAYS)					POSTNEONATAL DEATHS [b] (28-364 DAYS)				
	INFANT'S RACE/ETHNICITY [i]					INFANT'S RACE/ETHNICITY [i]					INFANT'S RACE/ETHNICITY [i]				
	RACE					RACE					RACE				
	ALL RACES	WHITE	BLACK	OTHER RACES	HISPANIC	ALL RACES	WHITE	BLACK	OTHER RACES	HISPANIC	ALL RACES	WHITE	BLACK	OTHER RACES	HISPANIC
1999	1	1	-	-	-	1	1	-	-	-	-	-	-	-	-
2000	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
2001	2	2	-	-	1	1	1	-	-	1	1	1	-	-	-

Data Source and Notes at end of section

CONNECTICUT RESIDENT INFANT, NEONATAL, AND POSTNEONATAL DEATHS

Deaths by Infant's Race and Ethnicity for

Seymour

Year	INFANT DEATHS [b] (1-364 DAYS)					NEONATAL DEATHS [b] (1-27 DAYS)					POSTNEONATAL DEATHS [b] (28-364 DAYS)				
	INFANT'S RACE/ETHNICITY [i]					INFANT'S RACE/ETHNICITY [i]					INFANT'S RACE/ETHNICITY [i]				
	RACE					RACE					RACE				
	ALL RACES	WHITE	BLACK	OTHER RACES	HISPANIC	ALL RACES	WHITE	BLACK	OTHER RACES	HISPANIC	ALL RACES	WHITE	BLACK	OTHER RACES	HISPANIC
1999	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
2000	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
2001	1	1	-	-	-	1	1	-	-	-	-	-	-	-	-

Data Source and Notes at end of section

CONNECTICUT RESIDENT INFANT, NEONATAL, AND POSTNEONATAL DEATHS

Deaths by Infant's Race and Ethnicity for

Shelton

Year	INFANT DEATHS[b] (1-364 DAYS)					NEONATAL DEATHS[b] (1-27 DAYS)					POSTNEONATAL DEATHS[b] (28-364 DAYS)				
	INFANT'S RACE/ETHNICITY[i]					INFANT'S RACE/ETHNICITY[i]					INFANT'S RACE/ETHNICITY[i]				
	RACE					RACE					RACE				
	ALL RACES	WHITE	BLACK	OTHER RACES	HISPANIC	ALL RACES	WHITE	BLACK	OTHER RACES	HISPANIC	ALL RACES	WHITE	BLACK	OTHER RACES	HISPANIC
1999	2	2	-	-	-	2	2	-	-	-	-	-	-	-	-
2000	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
2001	4	3	-	-	-	4	3	-	-	-	-	-	-	-	-

Data Source and Notes at end of section

Data Source and Notes for

Births to Teenagers, Low Birthweight Births, and Prenatal Care Timing and Adequacy
by Mother's Race and Hispanic Ethnicity[f]

Data source: Department of Public Health, Office of Policy, Planning and Evaluation
Notes:

[a] Percentages were not calculated for less than five events, because of the high degree of variability associated with small numbers. Denominators used for calculating percentages exclude records with missing data (i.e., denominator = total births minus unknowns).

[b] A dash (-) represents the quantity zero.

[c] Very low birthweight is defined as less than 1,500 grams.

[d] Low birthweight is defined as less than 2,500 grams.

[e] Late prenatal care is defined as prenatal care beginning in the second or third trimester of pregnancy.

[f] "Mother's Race/Ethnicity" comprises five mutually exclusive groups. Additionally, there were 2,845 records with unknown ethnicity. Because the unknown ethnicity count is not given, the component values do not sum to the total for "all races." For counties, health districts, and towns, only the main components of race/ethnicity are shown.

[g] Town of residence was unknown for two births.

[h] Non-adequate prenatal care comprises intermediate and inadequate prenatal care, based on the Adequacy of Prenatal Care Utilization (APNCU) Index.See Appendix III for explanation of other APNCU terms. Beginning with 1999, prenatal care adequacy is not defined by the Kessner Index in this table.

[i] Race and ethnicity are separate categories. Only the main components of race are shown in this table, and counts for those of unknown race were omitted Individuals self-identified as "Hispanic" ethnicity may be of any race, and were also counted in the "race" category as "white," "black," or "other". Two components of ethnicity also were omitted ("non-Hispanic" and "unknown" ethnicity). Consequently, the race and/or ethnicity components do not sum to the total number of events. Overall, there were 3 infant death records with unknown race and 25 with unknown ethnicity.

[j] Fetal and infant death rates are per 1,000 live births.

* Total does not equal subgroups as unknown ethnicity is not provided

Naugatuck Valley Health District

Childhood Lead Blood Levels for children less than 6 years by town for year 2000

	Children Age Less Than Six Years with a Screening[a] in CY 2000			Numbers and Percents of Valid Elevated Blood Lead Levels among Children Less Than Six Years of Age							
	Number of Children Age Less Than Six[b]	Number and Percent of Children Screened		Number of Valid Blood Lead Tests[c]	Validated Elevated Blood Lead Levels						
					10-14 µg/dL		15-19 µg/dL		20-44 µg/dL		45+ µg/dL	
		Number	Percent		Number	Percent	Number	Percent	Number	Percent	Number	Percent
Ansonia	1,529	440	28.8	439	4	0.9	1	0.2	3	0.7	0	0.0
Beacon Falls	408	85	20.8	85	0	0.0	0	0.0	0	0.0	0	0.0
Derby	927	222	23.9	220	2	0.9	2	0.9	2	0.9	0	0.0
Naugatuck	2593	482	18.6	475	6	1.3	4	0.8	0	0.0	0	0.0
Seymour	1104	267	24.2	266	0	0.0	1	0.4	0	0.0	0	0.0
Shelton	2817	721	25.6	718	0	0.0	2	0.3	0	0.0	0	0.0
NVHD	9,378	2,217	23.6	2,203	12	0.5	10	0.5	5	0.2	0	0.0
Connecticut	270187	63955	23.7	63292	1350	2.1	465	0.7	401	0.6	17	0.0

[a] any test (capillary or venous in LSS from 01/01/2000 - 12/31/2000

[b] from 2000 U.S. Census

[c] valid blood lead test = venous sample, fingerstick < 10, or fingerstick > 10 followed by another test within 90 days

Data source : Connecticut Department of Public Health, Childhood Lead Poisoning Prevention Program

Naugatuck Valley Health District

Childhood Lead Blood Levels for children less than 6 years by town for year 2001

	Children Age Less Than Six Years with a Screening[a] in CY 2001			Numbers and Percents of Valid Elevated Blood Lead Levels among Children Less Than Six Years of Age							
	Number of Children Age Less Than Six[b]	Number and Percent of Children Screened		Number of Valid Blood Lead Tests[c]	Validated Elevated Blood Lead Levels						
					10-14 µg/dL		15-19 µg/dL		20-44 µg/dL		45+ µg/dL	
		Number	Percent		Number	Percent	Number	Percent	Number	Percent	Number	Percent
Ansonia	1,529	508	33.2	508	22	4.3	3	0.6	1	0.2	0	0.0
Beacon Falls	408	91	22.3	89	0	0.0	0	0.0	1	1.1	0	0.0
Derby	927	290	31.3	292	7	2.4	0	0.0	1	0.3	0	0.0
Naugatuck	2,593	485	18.7	482	7	1.5	2	0.4	1	0.2	1	0.2
Seymour	1,104	308	27.9	301	2	0.7	0	0.0	0	0.0	0	0.0
Shelton	2,817	681	24.2	679	5	0.7	3	0.4	1	0.1	0	0.0
NVHD	9,378	2,363	25.2	2,351	43	1.8	8	0.3	5	0.2	1	0.0
Connecticut	270,187	66,574	24.6	66,529	1,192	1.8	398	0.6	258	0.4	18	0.0

[a] any test (capillary or venous in LSS from 01/01/2000 - 12/31/2000

[b] from 2000 U.S. Census

[c] valid blood lead test = venous sample, fingerstick < 10, or fingerstick > 10 followed by another test within 90 days

Data source : Connecticut Department of Public Health, Childhood Lead Poisoning Prevention Program

Naugatuck Valley Health District

Childhood Lead Blood Levels for children less than 6 years by town for year 2002

	Children Age Less Than Six Years with a Screening[a] in CY 2002			Numbers and Percents of Valid Elevated Blood Lead Levels among Children Less Than Six Years of Age								
	Number of Children Age Less Than Six[b]	Number and Percent of Children Screened		Number of Valid Blood Lead Tests[c]	Validated Elevated Blood Lead Levels							
					10-14 µg/dL		15-19 µg/dL		20-44 µg/dL		45+ µg/dL	
		Number	Percent		Number	Percent	Number	Percent	Number	Percent	Number	Percent
Ansonia	1,529	518	33.9	517	12	2.3	4	0.8	2	0.4	0	0.0
Beacon Falls	408	107	26.2	108	1	0.9	0	0.0	0	0.0	0	0.0
Derby	927	285	30.7	289	3	1.0	0	0.0	3	1.0	0	0.0
Naugatuck	2,593	485	18.7	482	7	1.5	2	0.4	1	0.2	1	0.2
Seymour	1,104	331	30.0	329	3	0.9	1	0.3	0	0.0	0	0.0
Shelton	2,817	673	23.9	672	3	0.4	2	0.3	2	0.3	0	0.0
NVHD	9,378	2,399	25.6	2,397	29	1.2	9	0.4	8	0.3	1	0.0
Connecticut	270,187	69,715	25.8	69,709	1,061	1.5	359	0.5	286	0.4	14	0.0

[a] any test (capillary or venous in LSS from 01/01/2000 - 12/31/2000

[b] from 2000 U.S. Census

[c] valid blood lead test = venous sample, fingerstick < 10, or fingerstick > 10 followed by another test within 90 days

Data source : Connecticut Department of Public Health, Childhood Lead Poisoning Prevention Program

Naugatuck Valley Health District

Childhood Lead Blood Levels
for children less than 6 years by town
for year 2003

	% housing stock built before 1960[b]	Children Age Less Than Six Years with a Screening[a] in CY 2003			Numbers and Percents of Valid Elevated Blood Lead Levels among Children Less Than Six Years of Age								
		Number of Children Age Less Than Six[b]	Number and Percent of Children Screened		Number of Valid Blood Lead Tests[c]	Validated Elevated Blood Lead Levels							
						10-14 µg/dL		15-19 µg/dL		20-44 µg/dL		45+ µg/dL	
			Number	Percent		Number	Percent	Number	Percent	Number	Percent	Number	Percent
Ansonia	65.9	1,529	463	30.3	463	21	4.5	3	0.6	2	0.4	0	0.0
Beacon Falls	40.8	408	104	25.5	102	0	0.0	0	0.0	0	0.0	0	0.0
Derby	59.7	927	251	27.1	248	2	0.8	0	0.0	0	0.0	0	0.0
Naugatuck	45.5	2,593	500	19.3	503	4	0.8	2	0.4	1	0.2	0	0.0
Seymour	45.8	1,104	322	29.2	319	2	0.6	1	0.3	0	0.0	0	0.0
Shelton	31.8	2,817	675	24.0	672	9	1.3	1	0.1	2	0.3	0	0.0
NVHD	46.1	9,378	2,315	24.7	2,307	38	1.6	7	0.3	5	0.2	0	0.0
Connecticut	48.2	270,187	67,480	25.0	67,521	954	1.4	285	0.4	232	0.3	10	0.0

[a] any test (capillary or venous in LSS from 01/01/2000 - 12/31/2000

[b] from 2000 U.S. Census (data for housing stock built pre1950 not readily available for all CT towns)

[c] valid blood lead test = venous sample, fingerstick < 10, or fingerstick > 10 followed by another test within 90 days

Data source : Connecticut Department of Public Health, Childhood Lead Poisoning Prevention Program

Naugatuck Valley Health District

Percentage of Child Testing Positive for Blood Lead Levels

	10-14 µg/dL				15-19 µg/dL				20-44 µg/dL				45+ µg/dL			
	2000	2001	2002	2003	2000	2001	2002	2003	2000	2001	2002	2003	2000	2001	2002	2003
Ansonia	0.9	4.3	2.3	4.5	0.2	0.6	0.8	0.6	0.7	0.8	0.4	0.4	0.0	0.6	0.4	0.0
Beacon Falls	0.0	0.0	0.9	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Derby	0.9	2.4	1.0	0.8	0.9	0.0	0.0	0.0	0.9	0.0	1.0	0.0	0.0	0.0	0.0	0.0
Naugatuck	1.3	1.5	1.5	0.8	0.8	0.4	0.4	0.4	0.0	0.4	0.2	0.2	0.0	0.4	0.2	0.0
Seymour	0.0	0.7	0.9	0.6	0.4	0.0	0.3	0.3	0.0	0.3	0.0	0.0	0.0	0.3	0.0	0.0
Shelton	0.0	0.7	0.4	1.3	0.3	0.4	0.3	0.1	0.0	0.3	0.3	0.3	0.0	0.1	0.3	0.0
NVHD	0 5	1.8	1.2	1.6	0.5	0.3	0.4	0.3	0.2	0.4	0.3	0.2	0.0	0.3	0.2	0.0
Connecticut	2.1	1.8	1.5	1.4	0.7	0.6	0.5	0.4	0.6	0.5	0.4	0.3	0.0	0.4	0.3	0.0

Data source : Connecticut Department of Public Health, Childhood Lead Poisoning Prevention Program

Naugatuck Valley Health District

Asthma

Hospitalization Due to Asthma 2000-2002

	Male	Female	Total	Rate per 10,000 people*
Ansonia	20	44	64	34.49
Beacon Falls	10	7	17	32.41
Derby	18	18	36	29.05
Naugatuck	48	63	111	35.82
Seymour	23	24	47	30.41
Shelton	18	55	73	19.16
NVHD	137	211	348	28.82
State	4819	7474	12293	36.10

ED Visits Jan 2000- Sept 2000

	Male	Female	Total	Rate per 10,000 people*
Ansonia	55	68	123	66.29
Beacon Falls	3	13	16	30.50
Derby	30	27	57	46.00
Naugatuck	36	67	103	33.24
Seymour	16	50	66	42.71
Shelton	30	52	82	21.52
NVHD	170	277	447	37.02
State	6457	8889	15346	45.06

* Based on 2000 Census

Data Source: Ct Department of Public Health- Asthma Program

Naugatuck Valley Health District

Top 10 Causes of Resident Deaths 1999 - 2002

Cause of Death	Number of deaths	Crude Death Rate per 100,000*
Ischemic heart disease	1004	208
Cerebrovascular disease	302	63
Trachea,bronchus & lung cancer	269	56
Chronic lower respiratory disease COPD	190	39
Accidents (unintentional injuries)	159	33
Colorectal cancer	137	28
Pneumonia	102	21
Diabetes mellitus	97	20
Septicemia	96	20
Congestive heart failure	86	18
Total Number of deaths from all Causes	4467	

* Based on 2000 Census

Top 10 Causes of Death in Connecticut 1999-2002

Cause of Death	Number	Crude Death Rate per 100,000*
Ischemic heart disease	25424	187
Cerebrovascular disease	7795	57
Trachea, bronchus, & lung cancer	7337	54
Chronic lower respiratory diseases	5898	43
Accidents (unintentional injuries)	4382	32
Pneumonia	3517	26
Intestinal parasitic infection	3488	26
Colorectal cancer	3059	22
Diabetes	2794	21
Congestive heart failure	2537	19
Total Deaths Statewide	119332	

* Based on 2000 Cenus Data

Naugatuck Valley Health District

Cancers Diagnosed 1999-2002 in the District

ALL INVASIVE CANCERS COMBINED

	Gender			Total
	Male	Female	Unknown	
Ansonia	215	215	0	430
Beacon Falls	55	47	0	102
Derby	165	134	0	299
Naugatuck	249	303	0	552
Seymour	183	185	0	368
Shelton	468	439	1	908
Total	1335	1323	1	2659

Data Source: Connecticut Tumor Registry

NOTES: DATA EXCLUDE SMALL NUMBERS OF CANCERS ASCERTAINED SOLELY FROM DEATH CERTIFICATES (UNKNOWN DATE OF DIAGNOSIS). BLADDER CANCERS REPORTED AS "IN SITU" ARE RECODED TO "INVASIVE" IN SEER REGISTRIES, AND ARE INCLUDED IN "ALL INVASIVE CANCERS" IN ROUTINE STATISTICS

Naugatuck Valley Health District

Colon-Rectum Cancers Diagosed 1999-2002 in the District

	Gender		Total
	Male	Female	
Ansonia	28	39	67
Beacon Falls	8	3	11
Derby	21	17	38
Naugatuck	38	51	89
Seymour	28	19	47
Shelton	63	64	127
Total	186	193	379

Data Source: Connecticut Tumor Registry

NOTES: DATA EXCLUDE SMALL NUMBERS OF CANCERS ASCERTAINED SOLELY FROM DEATH CERTIFICATES (UNKNOWN DATE OF DIAGNOSIS). BLADDER CANCERS REPORTED AS "IN SITU" ARE RECODED TO "INVASIVE" IN SEER REGISTRIES, AND ARE INCLUDED IN "ALL INVASIVE CANCERS" IN ROUTINE STATISTICS

Naugatuck Valley Health District

Lung Cancers Diagosed 1999-2002 in the District

	Gender		Total
	Male	Female	
Ansonia	33	28	61
Beacon Falls	9	5	14
Derby	21	18	39
Naugatuck	44	38	82
Seymour	28	23	51
Shelton	65	42	107
Total	200	154	354

Data Source: Connecticut Tumor Registry

NOTES: DATA EXCLUDE SMALL NUMBERS OF CANCERS ASCERTAINED SOLELY FROM DEATH CERTIFICATES (UNKNOWN DATE OF DIAGNOSIS). BLADDER CANCERS REPORTED AS "IN SITU" ARE RECODED TO "INVASIVE" IN SEER REGISTRIES, AND ARE INCLUDED IN "ALL INVASIVE CANCERS" IN ROUTINE STATISTICS

Naugatuck Valley Health District

Melanoma Diagosed 1999-2002 in the District

	Gender		Total
	Male	Female	
Ansonia	6	6	12
Beacon Falls	3	0	3
Derby	5	2	7
Naugatuck	16	6	22
Seymour	6	4	10
Shelton	19	13	32
Total	55	31	86

Data Source: Connecticut Tumor Registry

NOTES: DATA EXCLUDE SMALL NUMBERS OF CANCERS ASCERTAINED SOLELY FROM DEATH CERTIFICATES (UNKNOWN DATE OF DIAGNOSIS). BLADDER CANCERS REPORTED AS "IN SITU" ARE RECODED TO "INVASIVE" IN SEER REGISTRIES, AND ARE INCLUDED IN "ALL INVASIVE CANCERS" IN ROUTINE STATISTICS

Naugatuck Valley Health District

Prostate Cancer Diagosed 1999-2002 in the District

	Gender		
	Male	Female	Total
Ansonia	58	0	58
Beacon Falls	12	0	12
Derby	43	0	43
Naugatuck	49	0	49
Seymour	54	0	54
Shelton	145	0	145
Total	361	0	361

Data Source: Connecticut Tumor Registry

NOTES: DATA EXCLUDE SMALL NUMBERS OF CANCERS ASCERTAINED SOLELY FROM DEATH CERTIFICATES (UNKNOWN DATE OF DIAGNOSIS). BLADDER CANCERS REPORTED AS "IN SITU" ARE RECODED TO "INVASIVE" IN SEER REGISTRIES, AND ARE INCLUDED IN "ALL INVASIVE CANCERS" IN ROUTINE STATISTICS

Naugatuck Valley Health District

Breast Cancer Diagosed 1999-2002 in the District

	Gender		Total
	Male	Female	
Ansonia	0	59	59
Beacon Falls	0	18	18
Derby	0	43	43
Naugatuck	0	89	89
Seymour	0	57	57
Shelton	0	140	140
Total	0	406	406

Data Source: Connecticut Tumor Registry

NOTES: DATA EXCLUDE SMALL NUMBERS OF CANCERS ASCERTAINED SOLELY FROM DEATH CERTIFICATES (UNKNOWN DATE OF DIAGNOSIS). BLADDER CANCERS REPORTED AS "IN SITU" ARE RECODED TO "INVASIVE" IN SEER REGISTRIES, AND ARE INCLUDED IN "ALL INVASIVE CANCERS" IN ROUTINE STATISTICS

Naugatuck Valley Health District

Cervical Cancer Diagosed 1999-2002 in the District

	Gender		Total
	Male	Female	
Ansonia	0	6	6
Beacon Falls	0	0	0
Derby	0	1	1
Naugatuck	0	7	7
Seymour	0	2	2
Shelton	0	7	7
Total	0	23	23

Data Source: Connecticut Tumor Registry

NOTES: DATA EXCLUDE SMALL NUMBERS OF CANCERS ASCERTAINED SOLELY FROM DEATH CERTIFICATES (UNKNOWN DATE OF DIAGNOSIS). BLADDER CANCERS REPORTED AS "IN SITU" ARE RECODED TO "INVASIVE" IN SEER REGISTRIES, AND ARE INCLUDED IN "ALL INVASIVE CANCERS" IN ROUTINE STATISTICS